

2020

## Systematic Review: Barriers to Primary Care for the Transgender Individual

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# Walden University

College of Health Sciences

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Charles McCormick

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the review committee have been made.

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Walden University

2020

Abstract

Systematic Review: Barriers to Primary Care for the Transgender Individual

by

Charles David McCormick

MS, Walden University, 2015

BS, Morehead State University, 2010

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

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## Abstract

Representing a diverse group, the transgender community defies conventional norms expected by society resulting in discrimination and denial of essential goods and services necessary to maintain personal health, safety, and well being. The identification of the barriers to primary care faced by the transgender individual has the potential to reduce healthcare disparities and improve the compliance with national screening and treatment guidelines. The purpose of this project was to examine available literature incorporating the systematic review method to determine the barriers to primary care faced by the transgender individual. Using Leininger's transcultural nursing theory to guide the process to determine the cultural, physical, and personal barriers to care encounters when attempting to establish primary care. The question was What are the barriers to primary care for the transgender individual? A systematic review was conducted; yielding 9,691 results in which 7 were critically appraised relating directly to barriers in primary care, published from 2014 to 2018. Applying The Johns Hopkins Nursing Evidence-Based Practice Rating Scale to each article. Primary barriers identified were the cultural competence and knowledge of the provider, limited access to primary care providers due to geographic boundaries, and a lack of financial resources for the transgender individual. These barriers result in the delay of acute, chronic, and preventative care for the transgender individual contributing to an increased level of health care disparity for this at risk population. The implications for social change is supported by Walden University commitment to diversity encouraging the learner to work towards creating an inclusive local and global community, through the mutual respect of all members of humanity.

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## Section 1: Nature of the Project

### **Introduction**

The transgender community represents an underserved and often marginalized population within the healthcare environment. Representing a diverse group, the transgender community defies conventional norms expected by society resulting in discrimination and denial of essential goods and services necessary to maintain personal health, safety, and wellbeing (Roberts & Fantz, 2014). Recognizing the increased level of a health disparity for the transgender individual, Healthy People 2020 (2018) set the goal to improve access to health care services by reducing the levels of discrimination within the medical community.

Health People 2020 (2018) recommended improved documentation, understanding, and research to identify the environmental factors contributing to health disparities for the transgender community. Incorporating the systematic review method, the current research was evaluated and compiled within this document to identify the barriers to primary care for the transgender individual. Through this approach, the goal of creating positive social change within the healthcare community was explored providing a foundation for future research and educational programs to improve access to primary care by removing the barriers currently in place.

### **Problem Statement**

Individuals who identify as transgender, as discussed by Rounds, McGrath, and Walsh (2013), do not fit the Western categories of male or female and often face discrimination and transphobia within the healthcare environment. Individuals report

verbal abuse, disrespectful behavior, and the refusal of treatment within some primary care environments contributing to an increased level of health care disparity among the transgender population (Rounds et al., 2013). Research has noted that the behavior of the provider often enhances or inhibits the quality of care provided as stereotypes can damage the patient's trust in the provider (Rounds et al., 2013). Korpaisarn and Safer (2018) noted that most medical and nursing educational programs do not provide an adequate education for the provider to deliver culturally competent care to the transgender individual.

Wolford-Clevenger, Frantell, Smith, Flores, and Stuart (2018) indicated that historically, the transgender population has been marginalized by society, contributing to disproportional levels of preventable disease when compared to the general population. In keeping with the recommendations by Health People 2020 (2018), barriers to primary care must be identified and removed to improve the physical and mental health of the individual. Chipkin and Kim (2017) estimated the transgender population in the United States to be approximately 1 million individuals who are exposed to social stigma, harassment, discrimination, sexual and physical abuse, poverty, unemployment, twice the rate of homelessness, and disproportional financial barriers compared to the general population. As a result, less than 67% have attempted to established care with a provider for their primary healthcare needs (Chipkin et al., 2017). Once established, 28% do not return for follow-up care due to harassment within the practice (Chipkin et al., 2017). The identification of the factors resulting in barriers to primary care will guide this project and provide a platform for future research and interventions.

The project was designed to identify the factors leading to the lack of healthcare access for the transgender individual and will contribute to the field of nursing by identifying the barriers within primary care contributing to the disproportional levels of health disparity experienced by the transgender population. Wolford-Clevenger et al. (2018) discovered that the unmet health care needs of the individual contribute to increased levels of a suicide attempt, depression, anxiety, and substance abuse compared to the general population. To accomplish the goal defined by Health People 2020 (2018), the systematic review identified barriers within the primary care environment that negatively impact the holistic approach to health care for the transgender individual.

### **Purpose Statement**

The purpose of this doctoral project focused on the barriers to access experienced by the transgender individual to healthcare within the primary care environment contributing to an increased level of healthcare disparity. Incorporating the guidelines within the Johns Hopkins Nursing Evidence-Based Practice Rating Scale (See Appendix B and C). Current literature of less than 5 years was evaluated, and the information obtained synthesized to determine factors that contribute to and barriers to access for the transgender individual to initiate and maintain primary care.

Current gaps in the nursing practice identified by Meerwijk and Sevelius (2017) within the United States focused on a lack of data regarding the actual numbers of transgender individuals due to the resistance of gender identity being part of the U.S. Census, National Archives, or other official records maintained by state and local governments. Therefore, actual numbers are estimates based on a meta-regression of

population-based probability samples. The underrepresentation of transgender individuals is a significant barrier to understanding the social determinants and health disparities faced by the population. The focus of this project was to conduct a systematic review and to identify barriers to care, both perceived and actual within the primary care environment, contributing to the lack of health care access and increasing levels of health care inequality experienced by the transgender individual. Current gaps in practice were also identified within the review.

### **Nature of the Doctoral Project**

A systematic review using the Walden University library resources was conducted to examine current publications regarding barriers impacting the transgender patient from accessing healthcare services. Using a systematic approach, I evaluated literature using the seven levels of evidence as discussed by Ingham-Broomfield (2016) to determine the strength and reliability of the information. With a focus on Level 1 evidence obtained from systematic reviews and meta-analysis publications, featuring detailed analysis of literature relevant to the topic and critical, appraised writing was central to the project. In absence of primary sources, Level 2 offering synopses of the evidence was considered. Boolean phrases and essential terms of search extracted from the clinical question was used to conduct a comprehensive search of full text articles published within the United States within the past 5 years, allowing an application of the levels of evidence (Appendix B and C) to determine if the research met the inclusion criteria for the review.

The project was approached following the guidelines for a systematic review discussed by Riesenber and Justice (2014) beginning with a clear and concise question.

Primary search terms were transgender, healthcare, access, barriers, and primary care through an initial review of the literature determined the feasibility of continuing with this topic. Next, a protocol for literature review inclusions and exclusion criteria was developed and an initial search of the Walden University Library conducted (Figure E2). Each article returned in the search was reviewed for inclusion within the project. Incorporating the framework for literature review developed Newhouse, Dearholt, Poe, Pugh, and White (2005), the Johns Hopkins Nursing Evidence-Based Practice Rating Scale (Appendix B, C, and D) was applied to each article in a two-step process. Step 1 evaluated the strength of the evidence-based on the method used within the study using a scale of Level I identified as the most reliable to Level V designated as the least reliable (Appendix B). Step 2 was used to determine the quality of the evidenced by applying a standardized algorithm and assigning the letter A for the highest, B for good and C for low quality or significant flaws (Appendix C). Incorporating this rigorous process within the literature review and applying the predetermined inclusion and exclusion criteria, potential bias in the selection of literature was eliminated to allow future replication and transparency of the work.

### **Significance**

Transgender individuals, as discussed by Chisolm-Straker et al. (2017), encounter multiple barriers while navigating the healthcare system. These barriers contribute to a disproportionately higher level of suicide attempts (41% reporting compared to the national level of 2%), unemployment, substance abuse and assault with 61% experienced physical violence and 64% reporting sexual assault (Chisolm-Straker et al.,

2017). In some areas, insufficient community resources exacerbate the barriers encountered resulting in unmet primary health care and psychological support. Using a qualitative approach, Chisolm-Straker et al. examined the patient experiences within the healthcare environment for the transgender and gender nonconforming individual. Continual themes of self-efficacy and power inequality surfaced as tensions between the patient and provider escalated primarily due to the lack of competencies on the part of the healthcare team member resulting in a negative experience for the transgender patient. Through the process of conducting this systematic review, an evaluation of current research regarding barriers to care was explored and summarized to facilitate the future study of this topic.

Walden University's (2018, p. 18-19) commitment to positive social change challenges the learner to work towards developing actions to promote the betterment of society by emphasizing the worth and dignity of the individual with the goal of improving human and social conditions. The mission and vision statements of the university support the project of identifying barriers to primary medical care for the transgender individual. The mission statement, designed to stimulate the learner to work towards the advancement of the democratic process by working towards positive social change through the development and enhancement of professional skills as one, advocates for the needs of the individual. Walden University's (2018, p. 14) vision statement provides motivation for the learner to work towards the common good and act as a change agent, advocating for positive social changes in society by enhancing the continuum of care across the lifespan of the individual.

The process of evaluating the barriers within the healthcare environment by the transgender individual discussed by Watkinson and Sunderland (2017) may have a positive impact on social change for those who are marginalized and underserved within the community. Yingling et al. (2017) evaluated the effect of education on nurse practitioner programs to determine the level of formal training within the curriculum to prepare the practitioner to serve the individual competently. The findings indicated that the integration of the healthcare needs of the transgender patient was absent from over 87% of the programs reviewed resulting in a lack of culturally appropriate knowledge necessary to provide holistic care to the individual. To achieve the goals of social change defined by Walden University, I identified factors, which act as a barrier to care within the systematic review to determine the unmet needs of the transgender individual and to develop a platform for future research to reduce the levels of healthcare disparity within the community.

### **Summary**

Barriers to health care for any population can have a negative impact on the elimination of health care disparities among at-risk populations (Chisolm-Straker et al., 2017). Identifying the primary factors resulting in the denial of care or a culturally inappropriate environment of care will guide future research to develop interventions to correct the behaviors that contribute to the barriers experienced by the transgender population. Incorporating the systematic literature process, publications meeting the inclusion criteria are synthesized into a comprehensive document using the method discussed by Newhouse et al. (2005), with the incorporation of the Johns Hopkins

Nursing Evidence-Based Practice Rating Scale (JHNEBP) which was applied to each article in a two-step process. Through this process, the background and context of the practice question was reviewed and discussed within the document.



## Section 2: Background and Context

### **Introduction**

Healthy People 2020 (2018) indicated that significant healthcare barriers result in adverse outcomes for the transgender patient. Rounds, McGrath, and Walsh (2013) defined transgender as an individual whose gender identity does not fit within the Western definition of male or female and routinely experience homophobia and discrimination when presenting for medical services within a primary care practice. Individuals have reported being disrespected, refusal of treatment and verbal abuse within the medical community ultimately resulting in a barrier to equal access to healthcare. Unfortunately, Korpaisarn and Safer (2018) indicated that within most medical and nursing practitioner programs, inadequate education for the provider further contributed to the barriers for this underserved population. The purpose of this project was to conduct a systematic review of literature identifying specific barrier in place preventing equate access to healthcare serviced. Concept models, theories and the relevance to the nursing process will be examined and incorporated within the results.

### **Concept Models and Theories**

I approached the project by following the guidelines for a systematic review discussed by Riesenber and Justice (2014) and began with a clear and concise question: What are the barriers faced in the primary care environment faced by the transgender patient? Search terms were *transgender*, *healthcare*, *barriers*, and *access*, with the definitive inclusion criteria focused on *primary care*. The initial literature review determined the feasibility of continuing the project to continue with a protocol for

literature review inclusions and exclusion criteria developed. I conducted an initial search of the Walden University Library by reviewing each article returned in the search for inclusion within the project. Incorporating the framework for literature review developed Newhouse et al. (2005), the JHNEBP, was applied to each article in a two-step process. Step 1 evaluated the strength of the evidence-based on the method I used within the study. The scale of Level I designated as the most reliable to Level V identified as the least reliable was then assigned. Step 2 determined the quality of the evidenced by applying a standardized algorithm and assigning the letter A for the highest, B for good and C for low quality or significant flaws. Incorporating this rigorous process within the literature review and applying the predetermined inclusion and exclusion criteria, the potential bias in the selection of literature was eliminated to allow future replication and transparency of the work.

### **Nursing Theory**

Leininger's transcultural nursing theory was developed in the 1950s and published in 1991 (as cited in Nursing Theory, 2016). Using culture as a reference, the theory relies on one first identifying their culture and then using similarities to find common ground and understand the cultural needs of another (Nursing Theory, 2016). Nelson (2006) noted that the process begins with the provider conducting a self-cultural assessment reviewing their personal views and biases. Once understood, the process continues, and the provider expands upon their knowledge of another group to enhance their understanding with the goal of providing care respectfully and sensitively. Through this understanding, barriers between the patient and provider will be reduced creating a

therapeutic relationship enhancing compliance with the plan of care by improving one's ability to listen, provide therapeutic presence, and provide evidence-based care in a nonjudgmental and culturally appropriate level. To provide competent care, Leininger stated that one must remain open-minded and understand and respect the diversity of the individual as they work together to achieve optimal health and wellness (Nursing Theory, 2016).

### **Definition of Terms**

*Barriers to Care:* Yingling, Cotler, and Hughes (2017) stated that while transgender individuals are becoming increasingly visible within society, the widespread stigma results in an expectation for rejection, discrimination, and actual prejudice. Fear of losing employment, housing, rejection from friends, family, coworkers, and the potential of physical assault motivated by antigay bias increases the daily stressors decreasing their quality of life.

*Healthcare Disparities:* Clark, Veale, Greyson, and Saewyc (2018) noted that the medical community harbors a lack of understanding of the unique healthcare services required for this vulnerable population. A lack of competent cultural training and personal biases of the provider often create a barrier to the patient/provider relationship resulting in a lack of culturally sensitive care. A lack of understanding of the unique health care needs contributes to healthcare disparities, both actual and perceived within the primary care environment, which contribute to the lack of health care access and increasing levels of healthcare inequality experienced by the transgender individual.

*Primary Care:* The focus of this project was to identify the barrier to primary healthcare services experienced by the transgender individual. Clark et al. (2018) noted that the lack of healthcare literacy among those within the primary care environment often results in significant gaps in care and increased healthcare disparity contributing to avoidance in both acute and chronic disease management. Only articles, which examine the primary care environment, will be considered for inclusion within this project.

*Transgender:* Meerwijk and Sevelius (2017) noted that by definition, the word transgender is an umbrella term to describe an individual whose behavior conflicts with the sex in which they were assigned at birth and must overcome internalized conflict resulting from the denial or shame of the personal gender identity

### **Relevance to Nursing Practice**

To improve access to health care for the transgender community, Safer et al. (2016) indicated that the primary goals of Health People 2020 was to remove barriers and provide equal access to health care for this at-risk population. However, in today's political climate, the current administration is attempting to place significant obstacles by limiting the rights of the transgender individual under the term religious freedom, where one's personal beliefs are given higher priority than the right to health care services by the patient. Unless a consensus between the medical community and government is achieved, the threat of legalized discrimination will continue to increase the levels of healthcare inequities among the transgender communities and result in the failure to achieve the goals set forth by Healthy People 2020.

With reports of the refusal of care by primary care providers, Rowan and Beyer (2017) outlined the barriers often faced include ridicule, culturally insensitive care, judgmental behavior, and a refusal of treatment of the transgender community. Stereotypes and social prejudices of the transgender individual being perceived as abnormal further contribute to the gaps in care. These behaviors, coupled with the limited education received in a professional program, result in national screening guidelines being overlooked as a transgender who identifies as a male will still require annual female-specific preventative care as an individual who identifies as female will require male-specific yearly screenings. Within many rural communities, homophobia and transphobia will further increase the options for primary care requiring the individual to travel significant distances for basic healthcare needs.

### **Local Background and Context**

Healthy People 2020 (2018) goal to “improve the health, safety, and well-being of transgender individual” is designed to reduce the levels of health care disparity among the transgender community by removing barriers to care. Within primary care practices, Lee and Kanji (2017) noted that significant gaps and knowledge regarding the specialized care required for the transgender patient is lacking. Recommendations for the provider to expand his or her knowledge base regarding terminology and the unique healthcare needs of the patient through an understanding of the transgender community will assist the provider to deliver evidence-based care without erratic discriminatory behaviors.

Unfortunately, the barriers to care are expanding as Pierson and Wolfe (2018) noted with the administration’s creation of the newly formed Conscience and Religious

Freedom Division established within the U.S. Department of Health and Human Services. The goal of this newly created division is to allow anyone to deny the transgender service stating a conflict with their sincerely held religious beliefs. The American College of Physicians has voiced concerns over the formation of this division due to the far-reaching power supported by an individual's assertion of a faith-based reason to justify denying services to another. The committee noted that "denial of access to appropriate health care based on gender, gender identity, sexual orientation, race, ethnicity or other personal characteristics" is firmly against the core foundation of medicine.

The Office of Disease Prevention and Health Promotion (2014) have linked an inability to secure needed health care services with a negative impact on one's health and wellness. Statistics cited by Chipkin and Kim (2017) indicated that over 33% of transgender individuals have no access to primary care with an additional 19% experiencing a denial of service from one or more provider. Within those who have attempted to establish care, Chisolm-Straker et al. (2017) noted that 28% report verbal harassment during the initial encounter resulting in 48% postponing future appointments for follow-up care or preventative screenings.

Safer et al. (2016) discussed research indicating that the providers' knowledge and attitude will have a direct impact on the level of care provided to the patient. As one considers the current political climate and the potential of the provider using their "sincerely held religious beliefs" to justify refusing to care for the transgender patient, the potential to transform healthcare from a right to privilege will increase the barriers to care resulting in significant gaps in many rural communities within America.

### **Role of DNP Student**

As a doctor of nursing practice student, the lack of cultural competency training for colleagues and myself has resulted in a barrier to care for the transgender patient. Working in an acute walk-in clinic, the basic use of gender-neutral pronouns when caring for a patient has the potential to place a barrier to therapeutic communication between the provider and the client. Albougami, Pounds, and Alotabi (2016) highlighted the contribution of Leininger towards the improvement of care to individuals of different norms than the provider. As I approached this project, the goal of Healthy People 2020 (2018) is to decrease the level of healthcare disparity among the transgender community will be central to my work. The identification of the barriers to healthcare identified during this systematic review will serve as a guide for next generation of students towards developing evidence-based interventions to correct the deficits in care.

### **Summary**

Significant gaps in practice have been identified within the research resulting in adverse healthcare outcomes for the transgender individual. Nelson (2006) highlighted the application of the transcultural nursing theory by the provider to first conduct a cultural assessment of their personal views and work towards acquiring the knowledge of another group in order to better understand and avoid providing care in a culturally insensitive manner. Without this understanding, a barrier between the patient and provider will interfere with the plan of care and create a non-therapeutic relationship, ultimately resulting in an increased level of healthcare disparity and failure to progress towards a goal defined by Healthy People 2020.

## Section 3: Collection and Analysis of Evidence

### Executive Summary

#### Background

Transgender individuals do not fit the Western categories of male or female and often face discrimination and transphobia within the healthcare environment (Rounds et al., 2013). Healthy People 2020 (2018) recognized that this discrimination was creating a barrier to equal access of medical services and contributing to increased levels of health care disparity among the population. Rounds et al. (2013) noted that transgender individuals report verbal abuse, disrespectful behavior, and the refusal of treatment within the primary care environment resulting in a delay or avoidance of recommended treatment and preventative screening services. To evaluate the barriers to care in the primary setting, I used the systematic review process to synthesize the current information into a comprehensive document. This can serve as a guide for future research dedicated to the development of interventions to eliminate the barrier to care. Current gaps in practice were identified reviewing sources of evidence and published research to analyze and synthesize the nature of the problem.

For this project, approval from the Walden University Institutional Review Board (approval number 04-30-19-0381157) was received to conduct a systematic review of the literature and complete the project as proposed. Mertz, Kahass, and Strech (2016) cautioned that researcher bias is possible when conducting a systematic review during the inclusion and exclusion phase of the literature review. Any variance from the protocol of literature review has the potential to interject bias within the process decreasing the value



of the manuscript. While no human subjects were involved in this project, the information obtained may challenge readers to examine their ethical standards to determine their level of cultural competence when providing care to the transgender individual. Defined by Healthy People 2020 (2018), improving the overall experience within the healthcare environment for the transgender individual is a primary goal. The reduction of healthcare disparities for this at-risk population is possible once the provider expands his or her knowledge and identifies barriers encountered by this group within their primary practice environment.

To complete this project, a systematic review was conducted within the university online library using the previously discussed Boolean phrases and essential terms of search extracted from the clinical question. All documents selected were stored electronically as a .pdf file for reference in a Macintosh computer with backup copies stored in the secure cloud system, requiring a passcode to access. To secure the integrity of the evidence, I followed the method discussed by Ingham-Broomfield (2016), outlining the systematic review process designed to eliminate personal biases. The JHNEBP was applied to all articles meeting the inclusion criteria of the project. Permission to the Johns Hopkins Nursing Evidence Based Practice Model and Tools was obtained (Appendix A) and incorporated within the project.

The goal of the project was to determine the barriers to healthcare experienced by the transgender community within the primary care environment. A summary of all information discovered is presented within a table to identify the common themes and prevalence within the literature selected. In keeping with the recommended identified

within Healthy People 2020 (2018), the guiding principle of this project was to identify barriers in place resulting in an increased level of healthcare disparity for this population.

### **Objectives**

The evidence-based practice question was *What are the barriers to primary care for the transgender individual?*

### **Inclusion Criteria and Exclusion Criteria**

**Types of Participants.** In this review, I examined studies of individuals who identify as transgender and have experienced a barrier during the process of establishing or maintaining care with a primary provider. Articles excluded were studies not conducted within the primary care environment as well as any articles not published in the English language. The search was a retrospect of articles published within the previous 5 years with all duplicate results removed.

**Types of interventions.** I focused this review on the elimination of the barriers encountered within the primary care environment. Rowan and Beyer (2017) outlined the barriers often faced by transgendered individuals include ridicule, culturally insensitive care, judgmental behavior, and the refusal of treatment within the primary care environment. The focus was to identify the specific barriers for future research to develop process improvement programs to decrease these behaviors by the healthcare team member and to eliminate the barriers to primary care.

**Types of Outcomes.** I examined studies identifying the barrier to care contributing to increased levels of healthcare disparity among the transgender population. Rowan and Beyer (2017) identified a direct correlation with the team members'

knowledge regarding the unique healthcare needs of the individual with measurable outcomes of improved access to primary care. Significant differences in the standard of care occur when national screening recommendations are not followed as a transgender who identifies, as a male will still require annual female-specific preventative care as an individual who identifies as female will require male-specific yearly screenings. The Healthy People 2020 (2018) the goal of eliminating healthcare disparities among at-risk populations will not be achieved without significant improvements in the reduction of barrier to primary care.

**Types of Studies.** I focused on full text-systematic reviews with meta-analysis. Cohort studies and systematic reviews without meta-analysis or synthesis were considered. All examples were published in English and within the previous 5 years, focused on identifying the barriers impacting the transgender patient from receiving equal access to primary healthcare services.

### **Search Strategy**

I focused my search on published studies, beginning with a clear and concise research question. The following question guided my search: *What are the barriers to primary care for the transgender individual?* An initial search using CINAHL, MEDLINE, and Cochrane Database of Systematic Reviews was conducted to evaluate the feasibility of continuing with the topic. Keywords used were *transgender, healthcare, access, barriers, and primary care*. Keywords within the title and abstract of each article were reviewed and the articles were only considered for inclusion if the research was

based in the primary care environment and the study was published between 2014 and 2018. I included the following databases included in the search:

- CINAHL Plus with Full Text,
- MEDLINE with Full Text,
- EMBASE,
- Cochrane Database of Systematic Reviews,
- Ovid Nursing Journals Full Text.
- ProQuest Nursing & Allied Health Source, and
- PubMed.

Using the Johns Hopkins Nursing Evidence-Based Practice Research appraisal tool each article meeting the inclusion criteria was further evaluated. A second search was conducted using the keywords *transgender AND healthcare AND access AND barrier AND primary care* to focus and remove articles not meeting the inclusion criteria for the project. Appendix A is a visual representation of the search.

**Methodological quality.** All works were reviewed using the Johns Hopkins Nursing Evidence-Based Practice Research Appraisal Tool to provide a standardized method for reviewing each work. I also used an independent reviewer for a quality check. The independent reviewer was a board-certified family nurse practitioner who has completed all the required course work and clinical hours for the Doctor of Nursing Practice terminal degree.

## **Method of the Review**

The process of completing the search for articles, which met the inclusion criteria for the review, resulted in a limited number for works applicable to this project (Figure 1). The lack of research evaluating the barriers to primary care indicated a gap in evidence-based practice, which required additional evaluation. As primary care is central to the healthcare needs of the individual, the initial results identified a foundation for future research and development. Through the rigorous process of quality assessment including the methodologies, full-text databases included results from CINAHL, MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, ProQuest, PubMed, and Ovid Nursing Journals to identify the barriers impacting the transgender patient from receiving equal access to primary health care services. Applying the predetermined inclusion and exclusion criteria eliminated the potential bias in literature selection to allow future replication and transparency of the work. The process of data collection will be a comprehensive evaluation only publication within the previous five years whose research meets the inclusion criteria previously discussed.

## **Critical Appraisal**

Using the Johns Hopkins Nursing Evidence-Based Practice Research Appraisal Tool (Appendix D) to provide a standardized method for reviewing each work. The independent reviewer was a board certified family nurse practitioner that possesses a Master's of Science degree in nursing and completed all required course work and clinical hours for the Doctor of Nursing Practice terminal degree. Documents selected are stored electronically as a .pdf file for reference in a Macintosh computer with backup copies

stored in the secure cloud system, requiring a passcode to access. To secure the integrity of the evidence, the method discussed by Ingham-Broomfield (2016) will be followed outlining the systematic review process designed to eliminate personal biases from the selection process with the Johns Hopkins Nursing Evidence-Based Practice Rating Scale applied to all articles meeting the inclusion criteria of the project.

The goal of the project was to determine the barriers to healthcare experienced by the transgender community within the primary care environment. A summary of all information discovered is presented within Table 1 to identify the sources incorporated within this systematic review process.

### **Data Extraction**

Using the Johns Hopkins Nursing Evidence-Based Practice Research Appraisal Tool (Appendix D). The data extracted provides an insight of the barrier to primary care experienced by the transgender population. By exploring the study method, population and significant findings of the individual studies, the limited literature uncovered provided insight regarding the factors within the evidence-based practice question to complete the objectives of this project.

### **Data Synthesis.**

Data Synthesis was guided using the Johns Hopkins Nursing Evidenced-Based practice Synthesis process and Recommendations Tools (Appendix D).

### **Results**

The literature review using “transgender” as the only search term resulted in 9681 articles. However, adjusting for a five-year timeframe of publication and applying the

inclusion criteria of healthcare disparities, 9,610 were excluded. The remaining 71 results were further narrowed by the inclusion criteria “barrier to primary care” resulting in 7 journal articles (Figure 2). A search of Cochrane Database of Systemic Reviews using the term “transgender” only resulted in three articles; none met the inclusion criteria and were not applicable to this project (Figure 2).

### **Conclusions**

The information synthesized from the review indicated that multiple barrier to care are experienced by the transgender individual when he or she attempts to establish primary care within the healthcare system. Meerwijk and Sevelius (2017) highlighted the challenges faced by the transgender community through the lack of representation in the national statistical analysis, internal struggles, socioeconomic problems, and the attitudes of society creating barriers within all aspects of daily life. The purpose of this project will be to identify the obstacles within the healthcare environment and lay the foundation for future projects to develop interventions to eliminate the levels of healthcare disparity within this community.

### **Implication for Practice**

Supported within the prospectus, the project to conduct a systematic review and determine the barrier to health care encountered by the transgender individual align with the goal defined by Healthy People 2020 (2018) to reduce health care disparities within this at-risk population. Walden University (2018) commitment to diversity is part of the vision and mission statement of the university challenging the learner to work towards an inclusive local and global community through the mutual respect of all members of

humanity. Meerwijk and Sevelius (2017) highlighted the challenges faced by the transgender community through the lack of representation in the national statistical analysis, internal struggles, socioeconomic problems, and the attitudes of society creating barriers within all aspects of daily life. The purpose of this project will be to identify the obstacles within the healthcare environment and lay the foundation for future projects to develop interventions to eliminate the levels of healthcare disparity within this community.

### **Implications for Research**

The goal of the project was to determine the barriers to healthcare experienced by the transgender community within the primary care environment. A summary of all information discovered will be presented within a table to identify the common themes and prevalence within the literature selected. Determining the total number of results returned and the actual number utilized within the project. Completion of the systematic review indicates that additional research is required to address the gaps in care experienced by the transgender individual who is attempting to establish primary care within his or her community. To achieve the goals of Health people 2020 (2018), the medical community must identify the obstacles in the healthcare environment to accomplish the goal of removing barriers and providing comprehensive health care services free from discrimination and prejudice.



**Keywords**

Transgender AND healthcare AND access AND barrier AND primary care. Articles not meeting the keyword primary care will not be considered for this project. Please review Table 1 for a visual representation

## Section 4: Findings and Recommendations

### **Introduction**

Primary healthcare is the cornerstone to coordinate all acute, chronic, and preventable conditions experienced by the individual (Wolford-Clevenger et al., 2018). Gaps in care has resulted in over 31% of transgender individuals lacking regular access to healthcare and 22% avoiding healthcare altogether due to the fear of being discriminated against (Wolford-Clevenger et al., 2018). Primary barriers identified include an overall lack of cultural competence of the healthcare team member, limited access to primary care providers due to geographic boundaries, and a disproportional lack of financial resources for the transgender individual (Wolford-Clevenger et al., 2018). The underrepresentation of transgender individuals within published journal articles is a significant barrier to understanding the social determinants and health disparities faced by the population.

The focus of this project was to conduct a systematic review to identify barriers to care, both perceived and actual, within the primary care environment contributing to the lack of health care access and increasing levels of health care inequality experienced by the transgender individual. The practice-focused question to guide the project was *What are the barrier to primary care experienced by the transgender individual?* Through the identification of these barriers, the increased level of healthcare disparity for this at-risk population can be understood, establishing the foundation for future research. The primary sources to validate this systematic review were retrieved from peer-reviewed journals from the following full-text databases: CINAHL Plus with Full Text, MEDLINE

with Full Text, EMBASE, Cochrane Database of Systematic Reviews, Ovid Nursing Journals Full Text, ProQuest Nursing & Allied Health Source, and PubMed. Using the Johns Hopkins Nursing Evidence-Based Research Appraisal Tool (see Appendix D), the JHNEBP: Strength of Research Evidence Rating Scale (see Appendix B), and JHNEBP: Quality Rating Scale for Research Evidence (see appendix C) all articles were evaluated and data extracted. Only articles that met the inclusion criteria of barriers within the primary care environment were included in this review.

Search terms used to conduct this review were *transgender*, *barriers to care*, *healthcare disparities*, and *primary care*. The focus of this project is barriers in primary care; therefore, only articles whose study was conducted within the primary care environment were reviewed for inclusion. The summary of findings is provided in Table F1, featuring the strength of the evidence.

### **Findings and Implications**

The literature search using *transgender* as the only search term resulted in 9,681 articles. However, adjusting for a 5-year timeframe of publication and applying the inclusion criteria of healthcare disparities, 9,610 were excluded. The remaining 71 results were further narrowed by the inclusion criteria, *barrier to primary care* resulting in seven journal articles. A search of Cochrane Database of Systemic Reviews using the term *transgender* only resulted in three articles; none met the inclusion criteria and were not applicable to this project (Table F1).

Within the seven articles selected ( $n=7$ ), a common theme regarding the level of cultural competency and education of the practice team member regarding the unique

healthcare needs of the transgender patient emerged ( $n=3$ ). Kameg and Nativio (2018) evaluated the knowledge base of the primary care provider who encountered a child who was experiencing gender dysphoria as their assigned sex at birth conflicted with their true internal sexual identity. Within the article, risk of negative outcomes was noted as children who are improperly diagnosed during this stage have an increased risk of suicide, substance use disorder, and mood symptomatology. Current best practice guidelines do not adequately prepare the primary care provider with the information necessary to provide the care coordination necessary to secure the best outcome for the child (Kameg et al., 2018). The complex treatment protocols for social transition, hormone antagonist therapy, and the administration of cross-sex hormone therapy are outside the knowledge base for most individuals who provide primary care. Korpaisarn and Safer (2018) theorized that the lack of access to knowledge is the greatest barrier to primary care for the transgender individual. The absence of transgender medical education among primary care provider across all level of medical education is a major barrier to care. Dubin et al. (2018) stated that an increased focus on medical education in transgender health would empower the provider to identify barriers to care contributing to transgender health inequalities as well as improve their personal knowledge regarding transgender-specific care. Unfortunately, transgender health has yet to gain wide acceptance in the health care curricular experience, complicated by no clear consensus on the exact educational interventions to be incorporated within the education of undergraduate and graduate students (Dubin et al., 2018). The average exposures to the healthcare needs of the transgender individual are often condensed into a one-time lecture

where attitudes and awareness are examined, without supporting standards of care and treatment guidelines (Dubin et al., 2018).

Beginning with questions regarding their sexual identify in childhood, the transgender individual has many barriers to overcome. Unfortunately, the medical community is unprepared to assist many individuals during the early stages of development resulting in negative healthcare outcomes for the child and a lasting impact as they transition towards adulthood (Dubin et al., 2018). For most primary care providers, the complex nature of cross-sex hormone therapy is outside of their knowledge base with few evidence-based guidelines available to guide their practice (Korpaisarn & Safer, 2018). For progress to be made, the foundation of professional schools must be improved. A clear consensus of educational interventions must be developed for the education of undergraduate and graduate students and implemented into the curriculum (Dubin et al., 2018). This goal will require a collaborative approach to assure holistic transgender healthcare. Supported with a strong foundation at the undergraduate level and enhanced by evidence based treatment guideline, the barriers to primary care will be reduced, improving the healthcare outcomes for this vulnerable population.

A second factor contributing to the barriers to primary care faced by the transgender individual is a lack of access to care in rural and underserved communities ( $n=2$ ). Loza et al. (2018) stated that many transgender children, adolescents, and adults reside in medically underserved communities. The severe shortage of both primary and specialty care providers creates an insurmountable barrier to care, increasing the levels of healthcare disparity within this at-risk community (Loza et al., 2018). In many regions of

the United States, the local culture and gender norms contribute to the resistance of primary care providers to be willing to care for the transgender individual (Loza et al., 2018). Unfortunately, many individuals are forced to travel a significant distance to secure primary care resulting in additional financial hardships and delays in their preventative and acute healthcare needs (Loza et al., 2018).

Shires, Stroumsa, Jaffee, and Woodford (2018) emphasized barriers to obtaining gender-affirming hormone therapy resulting from a shortage of providers who are educated and willing to initiate and maintain the recommended hormone therapy for the patient. Within their research, a survey of a large Midwest health system was conducted. Only half of those surveyed replied. The respondents indicated that less than 50% had provided care for a transgender patient within the previous 5 years. Multivariate logistic regression indicated that seasoned providers were less likely to prescribe or continue hormone therapy than new graduates and residents. The findings noted that methods to increase the primary care providers willingness and comfort level related to hormone therapy will be required to remove this barrier to care for the transgender patient.

Access to healthcare is a primary barrier contributing to care experienced by the transgender individual living in underserved communities. With a shortage of both primary and specialty care providers, many at risk individual face insurmountable obstacles to care due to lack of access, further complicated by the financial hardships of significant travel. With decreased access to care, the compliance with the treatment plan can be interrupted resulting in negative outcomes for the individual.

The third factor identified contributing to a barrier was perceived discrimination within the primary care environment ( $n=2$ ). Kcomt (2019) highlighted the profound healthcare discrimination within the primary care environment experienced by transgender individuals. Numerous structural and interpersonal barriers are in place preventing access to medical competent healthcare. Compared to other populations, the transgender individual experiences a disproportional rate of discrimination within the United States healthcare environment (Kcomt, 2019). Within the study, 35 prevalence estimates were analyzed identifying inequalities, which contributed to the transgender individual's invisibility within the primary care environment. Compared to other sexual minorities, transgender individuals are more compromised to their access to quality healthcare services within most communities in America.

Seelman, Colón-Díaz, LeCroix, Xavier-Brier, and Kattari (2017) discussed the delay in healthcare by the transgender individual due to fear of discrimination. Data was obtained from 417 transgender adults in the Rocky Mountain region of the United States. The study compared individuals who delayed healthcare due because of fear of discrimination to those who had a culturally competent provider and did not delay preventative and acute care. The study associated fear of discrimination in those who delayed healthcare with an increased risk of depression, suicide attempts, suicidal ideation, and overall general worse health. The non-inclusivity experienced in the healthcare environment and delay in acute and preventative care not only had a negative impact on the individual's general health but also had a significant negative overall impact on their mental health increasing the level of healthcare disparity among this at-

risk population. It was noted that health-care providers attitude and mannerisms directly impact the care provided, with 1 in 20 transgender individuals reporting abusive language and 1 in 50 receiving physically rough treatment within the primary care environment. This hostile and unsafe environment has resulted in over one-quarter delaying treatment for acute, chronic and preventative health care screening.

Compared with other sexual minorities, the transgender individual experiences a disproportional rate of discrimination within the United States healthcare environment (Kcomt, 2019). The individual will delay primary and preventative care due to the perceived fear of discrimination resulting in an increased risk of depression, suicide attempts, suicide ideation, and an overall decreased level of health (Seelman et al., 2017). A direct correlation to patient compliance with recommended screening intervals and preventative care was established by Seelman et al. (2017) noting that individual who reported culturally competent providers did not delay care while those who perceived discrimination were less likely to be compliant. Culturally competency training for all health care team members was recommended to decrease the levels of perceived discrimination by the transgender individual validated by an increased level of compliance once the intervention was implemented within the practice (Seelman et al., 2017).

### **Implication for Social Change**

The systematic review discovered significant barriers to healthcare for the transgender individual. Chisolm-Straker et al. (2017) noted that the patient experience is central to providing the best quality care for the individual. A lack of cultural



understanding by the provider has the potential to create a barrier to care and risk of negative outcomes of those who are improperly diagnosed with gender dysphoria disorder and do not receive the support and guidance of the medical community have an increased risk of suicide, substance use disorder, and mood symptomatology. Walden University (2018, p. 18-19) commitment to positive social change challenges the learner to work towards developing actions to promote the betterment of society by emphasizing the worth and dignity of the individual with the goal of improving human and social conditions. The process of identifying the barriers within the healthcare environment encountered by the transgender individual will have a positive impact on social change for those who are marginalized and underserved within the community (Watkinson & Sunderland, 2017). Serving as a framework for future research, the goal of this project was to identify the primary barriers to care and inspire others to embrace the vision statement of Walden University (2018, p. 14) to motivate the learner to work towards the common good and act as a change agent advocating for positive social changes in society by enhancing the continuum of care across the lifespan of the individual.

### **Recommendations**

The analysis and synthesis of the information collected through this systematic literature review have identified gaps in the education of the healthcare team members and the unmet healthcare needs within the community. As discussed by Kameg and Nativio (2018) the knowledge base of the primary care provider must be improved through standardized educational plans for all levels of medical care. From the

receptionist to the provider, a plan must be developed to eliminate the cultural and personal gaps in knowledge that contribute to barriers to care. This problem begins with an understanding of the child who is experiencing gender dysphoria as their assigned sex at birth is in conflict with their true internal sexual identity and continues throughout the lifespan of the individual. A second recommendation discussed by Shires et al. (2018) is focused on improving the holistic approach to managing an individual who is entering the transition process. Through improvements within the educational curriculum, the team member and provider will become familiar with the appropriate gender-affirming hormone therapy thus increasing the number of providers who are educated and willing to initiate and maintain the recommended hormone therapy for the patient.

A final recommendation is one, which will require a significant amount of work for acceptance. Seelman et al. (2017) discussed the delay in healthcare by the transgender individual due to fear of discrimination. This is a multifaceted barrier to care, which is the result of the social stigma of the transition process. From legislative actions such as “bathroom bills” to national bans on military service, the transgender community is under attack in many regions of the country. Fear is often a deterrent of one seeking medical care, through the education of the medical team members, the goal to create a safe and accepting place for the transgender individual will be central to removing this barrier to care. This will be a formidable challenge due to the current political environment and will be met with resistance throughout the process.

### **Strength and Limitations of the Project**

The strength of the project is within the systematic review process of the literature review and the synthesis of the information to answer the practice-focused question regarding the barrier to primary care experienced by the transgender patient. A second strength is regarding the selection of the literature using the *JHNEBP: Strength of Research Evidence Rating Scale* and the *JHNEBP: Quality Rating Scale for Research Evidence* to evaluate each article for inclusion and exclusion.

Limitations to the review process were the inclusion criteria of only articles written in the English language potentially eliminating some sources published in another language and the time frame of only considering results within a five-year publication period. A second limitation was the use of one reviewer, which has the potential to interject selection bias. The clearly defined inclusion and exclusion criteria were designed to keep this type of bias to a minimum; however, it is recommended that a minimum of two independent reviewers complete the project for maximum transparency. Future projects should expand the search beyond articles published in the English language and incorporate a team of reviewers to eliminate any potential selection bias in the final published work.

### **Summary**

Barriers to the establishment of primary care will have a negative impact on the transgender individual. The limited literature available had identified gaps providing a foundation for future research regarding this topic. The healthcare provider will have an opportunity to review the factors identified placing the barriers to care for the transgender

individual and work towards creating a more open and accepting environment within family practice to reduce the levels of healthcare discrepancies experienced by this vulnerable population

## Section 5: Dissemination Plan

Healthy People 2020 (2018) set the goal to improve access to health care services by reducing the levels of discrimination within the medical community. However, when evaluating the limited literature focused on barriers to primary care for the transgender individual, minimal progress in research has been made to eliminate the healthcare disparity experienced by this at-risk population. The purpose of this project was to evaluate current literature and determine the barriers in place preventing a holistic approach and equal access to all individuals to primary care. The findings have a direct impact on all team members who work in primary care with a focus on those who are involved in direct patient contact. The completion of this project will provide a platform to develop a collaborative effort with all team members working in primary care and develop an educational module for all employees to complete. Through increased education, all team members from the receptionist to the provider will improve their approach at providing healthcare services to the transgender individual with the goal of eliminating the healthcare disparity experienced within our community.

Based on the findings, the transgender population represents a diverse group that defies conventional norms expected by society resulting in discrimination and denial of essential goods and services necessary to maintain personal health, safety, and wellbeing (Roberts & Fantz, 2014). This discrimination can occur during all potential interactions within the healthcare environment. From the receptionist who initiates the first contact with the individual to the nurse providing final discharge instruction, all members of the healthcare team will require additional education. The project has the potential to be

integrated within the new employee orientation and for existing employees during yearly competency training. Korpaisarn and Safer (2018) noted that most medical educational programs do not provide an adequate education for the provider to deliver culturally competent care to the transgender individual. To eliminate this deficit in education, additional modules will be tailored specifically towards each team member's level of patient interaction to serve as a guide to providing culturally appropriate care and eliminating the barriers to care for the transgender patient.

### **Analysis of Self**

The primary purpose of this systematic review was to identify the barrier to primary care for the at-risk transgender population. Health People 2020 (2018) challenged the healthcare provider to work towards eliminating the barrier to care for the transgender community with the central goal of eliminating health disparities within the primary care environment. As a board-certified nurse practitioner, I recognize the value of primary care to create as the cornerstone of the healthcare environment. My personal goal of achieving the best possible outcome for the patient will only be accomplished when culturally appropriate care is delivered in an environment free of discrimination and prejudice. Through the initial planning through the completion of this project, I have conducted an extensive search of my personal view and gaps in knowledge when providing care for this at-risk population. I look forward to the continual learning process as additional research regarding this topic is developed.

As a scholar, the task of conducting an extensive literature review and synthesizing the work into a cohesive summary has allowed me to utilize all skills

acquired during my education at Walden University. Walden University (2018, p. 18-19) commitment to positive social change challenges the learner to work towards developing actions to promote the betterment of society by emphasizing the worth and dignity of the individual with the goal of improving human and social conditions. As identified by Health People 2020 (2018) the transgender community is at significant risk of discrimination within the healthcare environment, the central goal of the project was to identify the primary barriers encountered within the primary care environment and serve as a foundation for future research regarding this topic. In keeping with the research by Chisolm-Straker et al. (2017) expanding the patient experiences within the healthcare environment for the transgender and gender non-conforming individual. A primary long term goal will be to conduct a self-assessment of my personal views and work towards eliminating power inequality surfaced between the patient and provider due to the lack of competencies on the part of the healthcare team member resulting in a negative experience for the transgender patient.

Serving as a role model for other team members, my role as a project manager will be expanded as I plan to develop a training program for new team member orientation and yearly competencies in order to improve the healthcare experience within the organization for the transgender population within our community. Following the Walden University (2018, p. 14) vision statement, I plan to work towards motivating others to work towards the common good and act as a change agent advocating for positive social changes in society by enhancing the continuum of care across the lifespan of the individual.

## Summary

Barriers to health care for any population will have a negative impact on the quality and quantity of life, especially for the at-risk populations. Through the process of this project, using a systematic review of literature, three primary factors directly relating to the increased level of healthcare disparity for the transgender community were identified. A focus on improving the educational curriculum within graduate health programs is central to removing barriers to care. Through the creation of evidence-based protocols to assist the provider, the ability to manage the healthcare needs of the transgender patient will be improved within the primary care environment. To accomplish the goal defined by Healthy People 2020 (2018) to improve access to health care services by reducing the levels of discrimination within the medical community. A significant investment in future research must be initiated to develop interventions to correct the behaviors that contribute to the barriers experienced by the transgender population focused on the primary care environment while expanding the knowledge of the healthcare team to provide world-class care in their community.



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## Appendix A: Permission to use Johns Hopkins Appraisal Tool

# JHNEBP MODEL AND TOOLS- PERMISSION



Thank you for your submission. We are happy to give you permission to use the JHNEBP model and tools in adherence of our legal terms noted below:

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- You may not modify the model or the tools without written approval from Johns Hopkins.
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## Appendix B: Strength of Research Evidence Rating Scale

*JHNEBP: Strength of Research Evidence Rating Scale*

<b>STRENGTH of the Evidence</b>	
<b>Level I</b>	Experimental study/randomized controlled trial (RCT) or meta-analysis of RCT.
<b>Level II</b>	Quasi-experimental study.
<b>Level III</b>	Non-experimental study, qualitative study, or meta-synthesis.
<b>Level IV</b>	Opinion of nationally recognized experts based on research evidence or expert consensus panel (systematic review, clinical practice guidelines).
<b>Level V</b>	Opinion of individual expert based on non-research evidence. (Includes case studies; literature review; organizational experience, e.g., quality improvement and financial data; clinical expertise, or personal experience.

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## Appendix C: Quality Rating Scale for Research Evidence

*JHNEBP: Quality Rating Scale for Research Evidence***QUALITY of the Evidence**

<b>A</b>	High	Research	Consistent results with sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence.
		Summative reviews	Well-defined, reproducible search strategies; consistent results with sufficient numbers of well defined studies; criteria-based evaluation of overall scientific strength and quality of included studies; definitive conclusions.
		Organizational	Well-defined methods using a rigorous approach; consistent results with sufficient sample size; use of reliable and valid measures.
		Expert Opinion	Reasonably consistent results, sufficient sample size, some control, with fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence.
<b>B</b>	Good	Research	Reasonably consistent results, sufficient sample size, some control, with fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence.
		Summative reviews	Reasonably thorough and appropriate search; reasonably consistent results with sufficient numbers of well defined studies; evaluation of strengths and limitations of included studies; fairly definitive conclusions.
		Organizational	Well-defined methods; reasonably consistent results with sufficient numbers; use of reliable and valid measures; reasonably consistent recommendations.
		Expert Opinion	Expertise appears to be credible.
<b>C</b>	Low quality or major flaws	Research	Little evidence with inconsistent results, insufficient sample size, conclusions cannot be drawn.
		Summative reviews	Undefined, poorly defined, or limited search strategies; insufficient evidence with inconsistent results; conclusions cannot be drawn.
		Organizational	Undefined, or poorly defined methods; insufficient sample size; inconsistent results; undefined, poorly defined or measures that lack adequate reliability or



validity.

Expert Opinion Expertise is not discernable or is dubious.

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## Appendix E: Figures

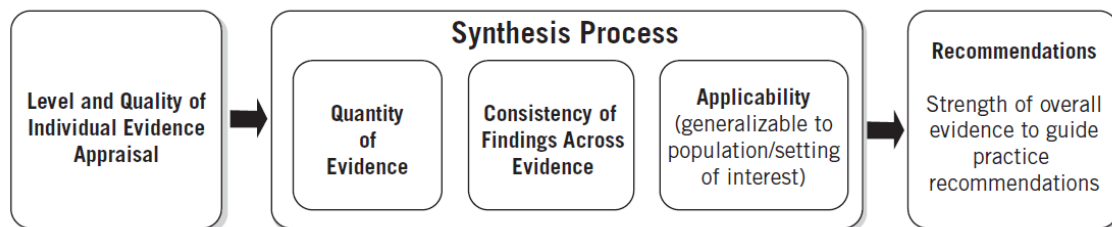


Figure E1. Synthesis process and Recommendations Tools

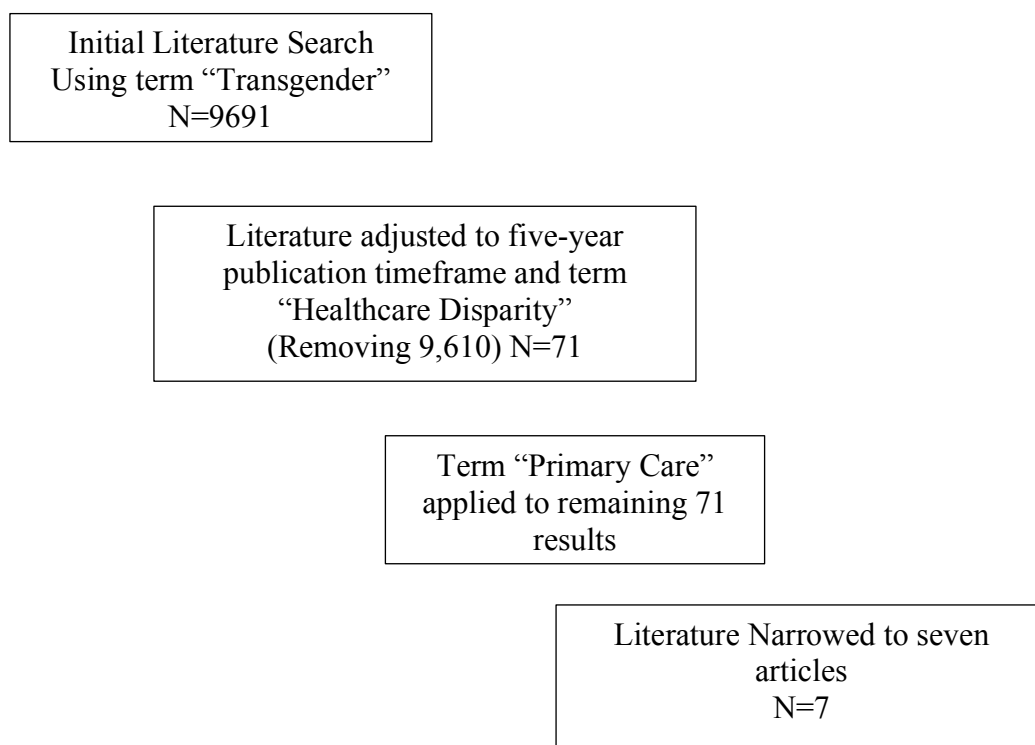


Figure E2. Literature Review Process

## Appendix F: Table

Table F1

*Analysis and Synthesis of Evidence*

Author(s)	Title	Purpose	Setting	Population	Design	Findings	Level of evidence
Dubin, S. N., Nolan, I. T., Streed, C. G., Jr, Greene, R. E., Radix, A. E., & Morrison, S. D. (2018)	Transgender health care: improving medical students' and residents' training and awareness.	A growing body of research continues to elucidate health inequities experienced by transgender individuals and further underscores the need for medical providers to be appropriately trained to deliver care to this population.	Primary Care Practice Environment	Transgender	Systematic Review of Literature	Transgender populations experience health inequities in part due to the exclusion of transgender-specific health needs from medical school and residency curricula.	I / A
Kameg, B. N., & Nativio, D. G. (2018)	Gender dysphoria in youth: An overview for primary care providers.	The purpose of this report is to provide an updated review of the current evidence from the literature pertaining to the identification, treatment, and coordination of care among children with gender dysphoria within the primary care setting or medical home.	Primary Care Practice Environment	Transgender youth community.	Systematic Review of Literature	Health care providers, particularly nurse practitioners, are in a unique position to expand on the face-to-face care provided to the community and engage in advocacy efforts to dismantle structural barriers impeding transgender individuals and communities while also providing pri	I / A

						mary health care, anticipatory guidance, and care coordination	
Kcomt, L. (2019)	Profound health-care discrimination experienced by transgender people: rapid systematic review.	Transgender people experience interpersonal and structural barriers which prevent them from accessing culturally and medically competent health care.	Primary Care Practice Environment	Transgender individuals.	Systematic Review of Literature	Compared to sexual minorities, <b>transgender</b> participants appear to be more compromised in their access to health care. Service providers must change structural inequities which contribute to <b>transgender</b> people's invisibility.	I / A
Korpaisarn, S., & Safer, J. D. (2018)	Gaps in transgender medical education among healthcare providers: A major barrier to care for transgender persons.	The purpose of this manuscript is to review the recent literature characterizing transgender medicine education for medical providers and to summarize effective interventions for improving education in transgender care	Primary Care practice Environment	Transgender individuals.	Systematic Review of Literature	Education among healthcare providers is deficient and is considered a major barrier to care for transgender individuals. Effective interventions should be applied to fundamental medical education. Additional focused education also should be taught with specialty-appropriate content to produce needed proficiency among	I / A

						providers of transgender care.	
Loza, O., Hernandez, P., Calderon-Mora, J., Laks, S., Leiner, M., Reddy, S., ... Granados, H. (2018)	Developing Trans-Affirming Health Services in an Underserved Area: An Intersectional Approach.	The purpose of this paper is to present the barriers encountered when bringing healthcare to transgender children, adolescents, and adults in a medically underserved, predominantly Hispanic area of the United States.	Primary Care Practice Environment	Transgender Individuals	Systematic Review of Literature	It is important for academic centers in these regions to collaborate to overcome these barriers through a multidisciplinary approach that includes providing education for medical students and physicians in training and identifying medical providers who are able and willing to provide transgender-competent care adapted to local culture and gender norms.	II / B
Shires, D. A., Stroumsa, D., Jaffee, K. D., & Woodford, M. R. (2018)	Primary care providers' willingness to continue gender-affirming hormone therapy for transgender patients.	The barriers that transgender patients experience to accessing this treatment may be exacerbated if primary care providers (PCPs) will not provide it.	Primary Care Practice Environment	Transgender patients.	Meta Analysis	Only about half of PCPs surveyed were willing to continue HT for transgender patients. Our study indicates that both personal and clinical factors play a role. Future research should address ways to increase	I / B

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						PCPs' willingness and comfort related to continuing HT for transgender patients.	
Seelman, K. L., Colón-Díaz, M. J. P., LeCroix, R. H., Xavier-Brier, M., & Kattari, L. (2017).	Transgender Non-inclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults	There are many barriers to reliable healthcare for transgender people that often contribute to delaying or avoiding needed medical care. Yet, few studies have examined whether non-inclusive healthcare and delaying needed medical care because of fear of discrimination are associated with poorer health among transgender adults.	Primary Care Practice Environment	Meta Analysis	Meta Analysis	This study suggests a significant association between delaying healthcare because of fear of discrimination and worse general and mental health among transgender adults. These relationships remain significant even when controlling for provider non-inclusivity, suggesting that fear of discrimination and consequent delay of care are at the forefront of health challenges for transgender adults.	I / B

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