Research Article

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The Impact of Emergency Department Staff Attitudes on the Quality of Care for Transgender and Non-Binary Patients

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ABSTRACT

This review examines the impact of emergency department (ED) staff attitudes on the quality of care for transgender and non-binary (TGNB) patients, drawing on existing research to highlight key findings and areas for future investigation. Studies consistently reveal a significant deficit in knowledge and training among ED staff regarding TGNB health needs, resulting in negative attitudes and biases that compromise patient care. Prior studies have revealed frequent instances of misgendering, discrimination, and inadequate treatment, which foster mistrust and discourage TGNB individuals from seeking emergency care. Interventions aimed at increasing cultural competence and sensitivity have demonstrated potential for improving patient experiences and care quality; however, there is a notable lack of comprehensive, large-scale studies evaluating the long-term effectiveness of these interventions specifically within ED settings. Future research should prioritize longitudinal studies to assess the sustained impact of cultural competency training on staff attitudes and patient outcomes, investigate the intersectionality of TGNB identities with other marginalized groups to understand compounded barriers, and develop and validate standardized tools for measuring staff attitudes and their direct effects on clinical outcomes. Addressing these challenges through targeted education, training, and systemic policy reforms is crucial for creating an inclusive and equitable healthcare environment for TGNB patients, ultimately improving their access to and quality of emergency care.

Keywords

Quality of care, Transgender patients, Non-binary patients, LGBTQ+ healthcare, Healthcare disparities, Patient-centered care, Medical discrimination, Gender identity.

Introduction

Transgender and non-binary (TGNB) individuals face significant inequities compared to the general population. Accessing equitable, quality healthcare is one of the most prevalent inequities impacting the TGNB population, and this is particularly pronounced in emergency department (ED) settings, where timely and appropriate care is crucial. In the ED, TGNB patients often encounter a healthcare environment that lacks the necessary competence to address their unique needs. According to a study by Newsom et al. of gender minorities in Indiana, of the TGNB individuals surveyed, less than 50% of respondents expressed having an

"LGBTQ+-welcoming provider" [1]. The negative experiences faced by TGNB patients foster mistrust and discourage TGNB individuals from seeking emergency care when needed, and the persistence of such issues highlights the urgent need for targeted interventions to improve the cultural competence and sensitivity of ED staff towards TGNB patients.

This deficiency in cultural competence can lead to adverse health outcomes, including delayed treatment, increased psychological stress, and overall poorer healthcare experiences, especially in minority TGNB patient populations [2]. According to Kattari et al., transgender people of color are more likely to experience discrimination by physicians in emergency rooms compared to white transgender individuals [3]. The emergency department, as a critical point of contact for immediate medical needs and often a doorway into longitudinal care if needed in the case of chronic disease diagnosis, plays a vital role in mitigating or exacerbating these disparities. According to results presented by researchers at the University of Michigan, a larger proportion of ED visits by transgender individuals were associated with a chronic condition compared to their cisgender counterparts. In addition, a greater proportion of transgender individuals received a mental health diagnosis, and experienced hospital admission compared to their cisgender counterparts, suggesting worse overall health [4]. It is known that beyond the ED, TGNB individuals face reduced access to healthcare and experience harassment and outright denial of care [5-8], likely contributing to these increased diagnoses of chronic and mental health conditions. The attitudes and behavior of healthcare staff towards TGNB patients also influence the quality of care these patients receive. A 2022 perspective article by Ram et al. conveyed personal experiences of being misgendered and misnamed in the medical setting, receiving inappropriate comments from disapproving healthcare providers, and being forced to wait extended periods to receive LGBTQ-affirming primary care services [9]. Understanding and addressing the factors influencing the quality of care provided to TGNB patients in these settings is essential for promoting health equity in emergency medicine and beyond.

The purpose of this comprehensive review is to examine existing literature on the attitudes and treatment of emergency department staff towards TGNB patients and their impact on the quality of care. Specifically, it seeks to review and synthesize current research findings on ED staff attitudes and their effects on TGNB patient care. Other goals include identifying gaps in research such as the lack of comprehensive, large-scale studies evaluating the long-term effectiveness of culturally competent interventions in ED settings. This review aims to propose areas for future investigation, including the need for longitudinal studies to assess the sustained impacts of training programs, the importance of understanding the compounded barriers faced by TGNB individuals with intersecting marginalized identities, such as racial and ethnic minority groups, and the development of standardized tools to measure staff attitudes and their direct effects on clinical outcomes. By addressing these objectives, this review aims to contribute to the development of targeted education, training, and systemic policy reforms that can create an inclusive and equitable healthcare environment for TGNB patients, ultimately improving their access to, and the quality of, emergency care.

Discussion

Barriers to Quality Care for TGNB Individuals: Structural and Interpersonal

Addressing the healthcare needs of transgender and non-binary individuals within emergency department settings requires a comprehensive understanding of the systemic and interpersonal factors that contribute to their care experiences. The literature highlights a pervasive bias inherent to the healthcare system and its constituents when providing care to TGNB patients. This systemic bias is demonstrated by the limited range of gender-specific terms, derogatory connotations, and inaccuracies contained in the medical classification lists Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). For instance, in SNOMED CT, the term "trans" generated the word "transsexual," a term with historic roots that is now considered offensive. Similarly, in ICD-10-CM, "transsexualism" is classified under "disorders," implying that a transgender identity is a condition in need of treatment [9]. Reliance on outdated terminology within the systems used for documenting clinical encounters points toward a structural issue. The implications of this bias extend beyond mere terminology, impacting clinical interactions in the ED as well. A survey study of emergency clinicians in the United States found that while 90% of participants felt comfortable treating TGNB patients, only 68% expressed comfort asking about body parts in this population [10]. In addition, a survey of American College of Emergency Physicians members found that though the large majority of physician participants felt comfortable asking about personal pronouns, only 26% knew what the most common gender-affirming surgery was for female to male patients, and less than ten percent knew the most common non-hormonal gender affirming medication for male to female patients [11]. These findings suggest that, despite a surface-level confidence in providing equitable care, many ED clinicians remain uncertain about how to navigate medically relevant inquiries with TGNB patients, and lack basic clinical knowledge about gender-affirming care.

Similarly, another qualitative study of TGNB experiences in US EDs found that participants reported having to essentially teach their providers about matters pertinent to their healthcare, including having to explain if and how their TGNB medical history was relevant to the medical complaint they presented for [12]. Studies consistently document a substantial deficit in knowledge and training among ED staff regarding TGNB health needs [13,14]. Healthcare practitioner knowledge is not typically a commonly identified area of improvement noted by patients, but study findings like this indicate that for TGNB patients, lack of knowledge is a key issue and impacts both care and satisfaction. This is particularly relevant, as previous research has also found

that TGNB patients with past experiences of having to teach clinicians were four times more likely to delay care [7]. As such, providers' lack of knowledge in the ED setting may even lead to avoidance of care in the future, exacerbating adverse health outcomes in the TGNB population.

In literature on TGNB ED care, patients describe being subjected to repeated and unnecessary questions about their gender identities, coupled with inconsistencies in their medical documentation [15]. A qualitative study of multiple EDs reported a lack of standardized processes in obtaining patient pronouns as well as documentation, leading to misgendering both in patient encounters and in documentation [16]. These findings indicate a failure of a comprehensive history-taking structure, in which information on gender identity is obtained. Furthermore, recurrent questioning of patients' gender identity suggests that there are issues in the communication framework used by ED staff when transferring care. All pertinent details, including pronouns, should be included in patient presentations from one provider to another. Furthermore, the inconsistencies in documentation demonstrate that asking patients about their gender identity is not a standard integrated into the history-taking process [17]. A qualitative study by Allison et al., consisting of interviews with TGNB individuals' regarding their experiences at local emergency departments also found patients recommended further clinician education on best practices for TGNB care, improvements to existing health policy in EDs, and improvements to intake processes [14]. The lack of standardized processes by which to consistently utilize patients' names and pronouns, alongside physician lack of knowledge regarding TGNB-specific healthcare, altogether constitute significant structural gaps in care for TGNB individuals that are not experienced by individuals who do not identify as a gender minority or gender nonbinary.

These structural deficits in TGNB ED care can lead to interpersonal encounters, attitudes, and biases of ED staff that cause TGNB patient experiences of frustration, humiliation, and outright harm. One survey of TGNB ED patients found that over half of respondents reported trans-specific negative ED experiences [5]. In a 2018 study surveying transgender and gender nonconforming patients on ED care, participants expressed feelings of fear and anxiety as a direct result of this discrimination. TGNB participants described fearing physically violent reactions from staff when sharing their gender identity, resulting in marked anxiety over their own safety and a desire to conceal their gender identity. An overwhelming majority of participants (84%) reported being verbally harassed, nearly half were physically assaulted, and about one-third were sexually assaulted at some point while receiving care in an ED setting [15]. Another qualitative survey found multiple participants reported experiencing unwanted physical exams in the ED [12]. Many participants in this study also stated that they have avoided ED care due to fear of unwanted examinations aligning with findings in general healthcare of TGNB individuals showing avoidance of care due to fear of harm and discrimination [7,8]. Overall, this body of research demonstrates that TGNB patients in the ED are at risk of physical and sexual harm, and these experiences can negatively impact health-seeking behaviors moving forward.

The factors impacting care of TGNB individuals in the ED healthcare setting comprise of structural components- from lack of terminology and biased language in SNOMED and ICD-10 codes, to lack of standardized protocols for patient pronouns and chosen names, to lack of knowledge and training- as well as interpersonal encounters that even include overt and intentional violence. These structural issues combined with interpersonal issues compose barriers that interfere significantly with quality care of TGNB patients in the ED.

Impact on TGNB Health

Unsurprisingly, these experiences have detrimental consequences for the mental health of patients subjected to this treatment. Already, at baseline, gender minorities are at increased risk for the diagnosis of mental health conditions such as depression and suicidal ideation [18]. When compounded with mistreatment and discrimination in the emergency care setting, the effects can be detrimental. A 2022 meta-analysis found that minority-related stressors such as expectations of rejection and desire to conceal one's gender identity resulted in increased rates of depression, suicidal ideation, and suicide attempts in the TGNB population [19]. In turn, lack of affirmation and support from healthcare providers in the ED intensifies feelings of isolation and anxiety, exacerbating these issues. The negative attitudes and biases displayed by ED staff have a clear adverse outcome on the mental health of TGNB patients. The ramifications of these interactions are a cyclical effect of mental health deterioration in which anticipation of mistreatment or discrimination leads to psychological burden. Furthermore, experiences of physical and sexual assault and unwanted physical examinations as described above contribute to psychological trauma, which impacts not only mental health but is embodied in physical health [20,21].

Beyond mental health repercussions, such encounters foster distrust and contribute to the avoidance of ED care by TGNB patients despite their increased need for these services. Progovac et al. highlight that TGNB individuals often bear a heightened burden of mental and physical health conditions requiring emergency care. Through an evaluation of insurance beneficiary data, it was determined that gender minorities visited the emergency department at greater rates than non-gender minority counterparts [18]. However, fear of discrimination and prior negative experiences with ED staff lead TGNB individuals to avoid the ED at statistically higher rates than both cisgender individuals and sexual minorities [22]. Another survey of TGNB individuals found that 21% of participants reported avoiding ED care due to concern that their gender would negatively affect their care [5]. These findings are particularly concerning as they demonstrate a population already more burdened by negative health outcomes, exacerbating this disparity with delays to care. Indeed, it is likely that health disparities in this population are driven not only by subpar care as evidenced by the structural deficits already mentioned, but also by delayed care generally.

Lack of Training

Both structural and interpersonal harms to transgender individuals in the ED may partially stem from unsatisfactory training on the topic of TGNB care. While the majority of emergency medicine residents reported some LGBTQ+ health education coverage in their training programs, they expressed that the amount of time dedicated to these topics was less than desired [23]. The lack of LGBTQ+ education does not begin in emergency department training but rather begins in medical school. As noted by Winter et al., "many medical schools and public health training programs do not require the inclusion of information on sexual minority populations" [24]. A 2008 study identified that training on the treatment of TGNB patients was absent in the traditional medical curriculum [25]. 14 years later, a 2022 systematic review found that this was still identified as a major curriculum deficit [26]. Notably, a majority of training consisted of single sessions, and the whole of LGBTQ+ care was often lumped together, leading to little direct training on the treatment of TGNB individuals specifically [26]. Though the number of sessions on the topic improved, there is little evidence to suggest that they led to improved care of TGNB individuals. Medical school serves as the foundation of medical education. This gap in training clearly contributes to the provider lack of knowledge and bias mentioned by TGNB who have received care in emergency department settings. Thus, it is critical that not only is training for all providers in the ED increased, but also in all stages of medical education.

In order to confront these barriers to care, it is paramount to implement proper training programs focused on care in TGNB patients for all ED healthcare professionals. Comprehensive training is important to fill the knowledge gaps among providers and to reduce any biases that hinder appropriate care. This training should consist of multiple sessions and be integrated long-term as a regular requirement for ED staff. Though a single ninety minute workshop was shown to increase the empathy towards, knowledge of, and comfort of staff in treating TGNB patients in the short term, a ninety day follow up showed no significant difference in any of these areas [27]. This highlights the importance of frequent and comprehensive training for the staff. Training should teach cultural competence, appropriate history taking, and communication among providers to limit uncomfortable experiences for TGNB patients. Equipping ED staff with these skills can begin to address the barriers that impede the delivery of quality care to TGNB patients.

Interventions and Training Programs

Cultural competence and sensitivity training programs aimed at healthcare providers are designed to improve the quality of care for TGNB patients by addressing knowledge gaps, reducing biases, and fostering a more inclusive environment in order to improve care. These programs typically include education on TGNB terminology, identities, and health needs, communication strategies for respectful interactions, self-reflection exercises to examine personal biases, case studies and scenarios to practice culturally competent care, and information on TGNB-specific health disparities and barriers to care [28]. Though there is little literature to point to best practices to achieve the most efficacious training of emergency healthcare professionals, several avenues of accessing training were identified. Education at conferences is one such method. A training presentation developed by Dr. Elizabeth Samuels titled "LGBTQ in the ED: Transgender Emergency Care" was given at the annual meeting of the Society of Academic Emergency Medicine in May 2018 [29]. This presentation touched on many aspects of providing compassionate and culturally competent health care for transgender patients in the ED, demonstrating conference presentations as one modality of providing training on TGNB health to providers. However, this presentation offered this expertise to individuals at the meeting already interested in developing their cultural awareness for this particular patient population, and as such this means of training does not reach healthcare providers broadly.

Trainings simulating emergent healthcare scenarios also pose a promising means of training for healthcare professionals. A team-based interprofessional simulation focused on an emergent scenario involving a transgender patient was provided for graduate learners in medicine, nursing, occupational therapy, physical therapy, social work and administration programs, with positive outcomes. Many participants reported significant learning gains regarding the treatment and care of transgender patients [30]. Finally, several organizations offer training modules and materials, primarily online, for healthcare providers to learn from. Many of these platforms are carefully curated by experts devoted to improving the access and quality of transgender health. For example, the Fenway Institute's National LGBTQIA+ Health Education Center has published various programs and resources for healthcare organizations on transgender health, offering a library of webinars and publications that can earn CME credit for providers free of charge [31]. The University of California, San Francisco also has easily accessible published guidelines for transgender care aimed to be used by healthcare providers to provide evidence-based care for TGNB patients [32]. The ease of accessibility of these resources demonstrates that resources are available for healthcare providers in the ED to use for education.

A systematic review published in 2023 assessed the design of these trainings in various settings and examined the effectiveness of improving cultural competency outcomes [33]. This review highlighted a conceptual framework for approaching training which included recommendations from organizations like the National Institute of Health to optimize care of TGNB individuals. Cultural competency trainings that are mandated can lead to improvements in structural aspects of healthcare; this can include increased required education in curricula and training workshops in healthcare settings. Impacts of these at the provider level include increased knowledge, skills, behaviors, and attitudes to work with TGNB patients; which ultimately lead to patients' health needs being met, increased medical adherence, better patient outcomes, and medical trust being regained [33].

The level at which cultural competency training programs are implemented vary by locality, and most focus on LGBT+ health and not specifically TGNB as a group. Depending on the institution and location of the health care organization, a health care provider can be either required or recommended to complete a varying amount of LGBT+ training. For example, training programs are required by law in at least one area (Washington, D.C.) for license renewals for all health professionals. Most of the large-scale implementations of the cultural sensitivity programs tend to be spearheaded by academic medical centers or located in the West and Northeast regions of the United States [33]. Current programs in the U.S for healthcare professionals include voluntary and mandatory training in various settings, including primary care clinics, emergency departments, long-term care facilities, academic medical centers, community hospitals, and senior living facilities.

Unfortunately, not many studies assess these interventions and trainings offered in the emergency department setting, and even fewer examine the effectiveness of ED staff trainings focused on TGNB care specifically. An emergency department in Maryland offered a voluntary training program to secretaries, nurses, and physicians in the ED consisting of a lecture series of online and in-person modules, exercises and films. On evaluation of ED team members' knowledge and attitudes towards LGBT patients pre and post training, findings revealed 85% of staff had no previous LGBT education specific to the needs of the population. Post-survey data collected three to five months after the intervention demonstrated an increase in knowledge and skills, openness and support, and awareness of the LBGT community [34]. Additionally, a voluntary training program involving a combination of didactic lecture, open discussion, and small group practice scenarios was offered to nurses at an ED in a military health system. Findings demonstrated that an educational intervention successfully improved emergency nurses' knowledge, skills, and openness in providing care to LGBTQ+ patients within a military health system [35]. The central findings of this research suggest that educational interventions show potential for creating an increase in knowledge and capability of caring for LGBT+ patients. This can create a pathway to tackling bias among ED health care professionals towards LGBT patients and their family members. However, given the lack of existing research on educational training interventions on TGNB care provided to ED professionals, it remains to be seen whether these findings can be extended to TGNB care in the ED.

Only a limited number of studies have evaluated interventions in the emergency department, emphasizing the need for further research in this area. This can be due in part to time constraints and limited resources, as healthcare organizations struggle to delineate sufficient time and funding for comprehensive training. Staff resistance can also be a significant issue, particularly if employees view the training as unnecessary, or feel as if the training infringe on their personal belief systems [28]. Additionally, some approaches may unintentionally reinforce stereotypes or oversimplify cultural differences related to TGNB individuals. There is also a concern of cultural competence being treated as a one-time workshop rather than an ongoing process of learning, improvement, and implementation [33]. Future research should focus on developing standardized, validated tools to measure cultural competence, which would allow for better comparisons between studies. There is also a lack of comprehensive, large-scale studies evaluating the long-term effectiveness of these interventions within emergency department settings. Furthermore, longitudinal studies are needed to assess the long term sustained impact of cultural competency training on patient outcomes [33]. Most pertinent to the goals of our research, there is a need for a standardized framework for ED providers to refer to when delivering care to TGNB patients. The increasing amount of state and federal regulations limiting transgender health services emphasize the need for healthcare professionals to receive this training. It is crucial for policymakers to allocate resources towards researching and creating training programs that can be integrated into different healthcare environments. Overall, the literature highlights a substantial disparity in the treatment of TGNB patients in the ED, leading to adverse consequences for their mental health and emergency care-seeking behaviors. Although training and education initiatives for TGNB care have been introduced in various medical specialties, there is a lack of focused research on their utility and the best approaches for ED staff. Consequently, TGNB patients continue to encounter negative experiences and discomfort when accessing emergency care services. While new efforts in reform are entering the discourse, there is an urgent need for their implementation and evaluation to drive meaningful change in the experiences of TGNB individuals so that their basic care needs can be met without fear of discrimination or judgment.

Gaps in the Literature

Consistent limitations in research and gaps in literature across multiple studies emphasize the urgent need for further investigation. Despite promising research output, several key issues persist, revealing the need for more comprehensive and rigorous studies to address these gaps. One major limitation is the narrow focus of existing research. Much of the current literature is centered on small-scale or single-institution studies. This limited scope can restrict population diversity, affect the generalizability of findings, and potentially skew overall conclusions. Furthermore, the absence of longitudinal studies complicates the assessment of long-term impacts of interventions on TGNB patient quality of ED care. Small sample size and unclear methods of sample selection are also identified limitations, reinforcing the need for broader, more extended, and more rigorous research efforts. Moreover, effective research requires adequate data collection. Winter et al. also pointed out that “national and state level data for sexual and gender minority communities are limited,” highlighting the lack of comprehensive health survey data on sexual orientation and gender identity [24]. This deficiency impacts the ability to conduct meaningful TGNB research. Adopting standardized, inclusive data collection methods would facilitate better patient self-expression, support diversity and inclusion, and enhance research outcomes.

An area of focus where there is a particularly significant lack of research is on intersectionality and TGNB healthcare in emergency settings. Intersectionality is the idea that multiple identities, including race, sexual orientation, socioeconomic status, language, and more converge to uniquely shape an individual's experience of either social empowerment or marginalization [36]. There is research focused on intersectionality and TGNB health outcomes in healthcare broadly. Sherman et al. found that Black transgender patients reported higher levels of stigma and mistreatment from healthcare providers [37]. Wesp et al. write that though TGNB individuals face higher than average number of suicide attempts and substance use, these rates are even higher in transgender patients with a disability or of color. These findings showcase the cumulative adverse effect that having a minority gender identity and racial or disability status creates for patients' mental health [38]. Compounded barriers from multiple minority statuses also have an impact on healthcare experiences for their physical health. Many TGNB patients report a lack of physician expertise in transgender medicine. When combined with financial barriers, discrimination against their minority status, and systemic barriers, TGNB patients can face barriers that dissuade them from seeking necessary medical care [39]. This research provides compelling information about how intersectional identities impact health outcomes for TGNB individuals with multiple marginalized identities. However, there is a scarcity of research on TGNB individuals with intersecting marginalized identities. Literature often equates sexuality and gender identity when discussing the TGNB experience and fails entirely to consider the impact of other minority identities such as race, religion, and socioeconomic status [40].

Finally, there still remains a dearth of studies specifically examining the experiences and outcomes of TGNB individuals seeking and obtaining care in the ED. Increased volume of research is crucial in order to provide a rigorous body of literature to draw conclusions from with respect to providing the best emergency care for TGNB individuals. Addressing these persistent research limitations and gaps through long-term, expansive studies is essential. By focusing on these areas, we can improve the quality of care for transgender and non-binary individuals seeking emergency healthcare and advance our understanding of patient outcomes.

Recommended Areas for Action

In addition to improving on the body of research on TGNB emergency healthcare, in our review of existing literature, areas for action to improve care and training with respect to TGNB in ED settings were identified. Despite systemic barriers to care for TGNB patients, advocacy efforts have shown some success in improving care within emergency departments. Initiatives aimed at enhancing cultural competence among marginalized groups have proven effective in increasing provider awareness of implicit bias and improving communication with these communities [41]. The conclusions from this study, particularly the importance of self-bias awareness, highlight its role as a key predictor of future behavioral change [42]. Though existing research on initiatives and interventions aimed at training healthcare staff on the TGNB population mentioned in this review is promising, the amount of research available is limited. Future research should prioritize implementation and evaluation of TGNB training to healthcare providers and staff.

Programming policies should be up to date with the latest health standards established by the World Professional Association for Transgender Health, as outlined in the Standards of Care 8 (SOC-8). The SOC-8 offers evidence-based recommendations aimed at optimizing care among TGNB adults, children, and adolescents [43]. While these standards serve as a baseline, healthcare practices are constantly evolving. Therefore, longitudinal evaluation with standardized validation tools is necessary to assess improvements in current deficits in patient interviewing [15], institutional training [23], and patient satisfaction.

Structural ED changes have been adapted to varying degrees, however their prospective efficacy has not been assessed. Areas of interest for change included updating intake processes, EHR documentation, and confidentiality practices. Intake forms have been expanded to include fields for pronouns, sex assigned at birth, and gender identity, with EHR systems accurately reflecting these changes to mitigate the risk of misgendering. Additionally, confidentiality practices have been implemented to prevent the public disclosure of patients' names assigned at birth [14]. Further implementation of these changes and protocols is necessary, and research on the uptake and efficacy of these changes is needed.

Expanding on current advocacy efforts in TGNB policy reform can significantly enhance patient outcomes and satisfaction. Incorporating long-term educational components, coupled with validated surveillance tools, can track progress in improving cultural competence and reducing implicit bias among healthcare providers. Practical reform measures that can be implemented in EDs nationwide include creating standardized TGNB health education in residency programs, developing more inclusive intake forms, and updating confidentiality practices to address the use of improper names and pronouns. Most importantly, policies should be reviewed on a regular basis with an iterative approach to ensure current hospital guidelines are congruent with national standards, and prevent reform stagnation.

Conclusion

The quality of care for transgender and non-binary patients in emergency departments is critically impacted by pervasive staff attitudes and behaviors, which are often informed by a lack of comprehensive education and training regarding TGNB health needs. Research underscores structural barriers and interpersonal interactions that lead to misgendering, discriminatory behavior, and inadequate treatment as common occurrences within EDs, contributing to significant harm, emotional distress, mistrust, and avoidance of care by TGNB individuals. This lack of gender-affirming practices compromises the overall quality of care and worsens health disparities for TGNB patients, who already

face higher rates of psychological distress, suicidal ideation, and physical health conditions compared to their cisgender counterparts. The limited understanding of TGNB-specific health needs, coupled with implicit and explicit biases, often results in inappropriate or delayed care, further marginalizing this vulnerable population. While cultural competence interventions show promise in mitigating these disparities, most existing studies are small-scale or short-term, providing limited insight into the lasting effectiveness of such programs and leaving a pressing need for longitudinal research. The intersectionality of TGNB identities with other marginalized groups, such as those facing racial, economic, or disability-based discrimination, adds complexity to the barriers these patients encounter. Investigating these compounded challenges is essential for developing truly inclusive healthcare policies and interventions. Furthermore, the creation of validated tools to systematically measure staff attitudes, biases, and their impact on patient outcomes will be crucial in creating a more inclusive, respectful, and effective emergency care environment. Addressing these systemic issues through rigorous education, policy reform, and ongoing evaluation is vital to ensuring equitable access and optimal care for TGNB individuals in emergency settings.

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