Primary Care Clinicians' Willingness to Care for Transgender Patients

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ABSTRACT

Transgender patients report negative experiences in health care settings, but little is known about clinicians' willingness to see transgender patients. We surveyed 308 primary care clinicians in an integrated Midwest health system and 53% responded. Most respondents were willing to provide routine care to transgender patients (85.7%) and Papanicolaou (Pap) tests (78.6%) to transgender men. Willingness to provide routine care decreased with age; willingness to provide Pap tests was higher among family physicians, those who had met a transgender person, and those with lower transphobia. Medical education should address professional and personal factors related to caring for the transgender population to increase access.

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INTRODUCTION

Transgender individuals generally report negative health care experiences and often avoid seeking health care due to fear of discrimination.¹ Among respondents to the 2015 US Transgender Survey, one-third reported having a negative experience with a health care clinician in the past year, including being asked unnecessary or invasive questions, having to teach their clinician in order to get appropriate care, or being refused transition-related care.¹ Others have found that Papanicolaou (Pap) test receipt can be particularly uncomfortable for transgender men,² who are less likely to receive routine cervical cancer screening compared to cisgender women.³ The current study examines the extent to which primary care clinicians are willing to deliver routine care and Pap tests to transgender patients along with factors that predict willingness.

METHODS

We surveyed general internal and family medicine clinicians working in a large Midwest integrated health system (N = 308). The survey was conducted using REDCap⁴ in November 2015. Incentives included a \$30 gift card and a chance to receive one of 3 \$100 gift cards.

Survey measures included demographics; clinical and personal exposure to transgender individuals; an item assessing empathy ("It is necessary for a health care practitioner to be able to comprehend someone else's experiences")⁵ and an 8-item transphobia scale (adapted from an existing scale).⁶ For questions related to empathy and transphobia, respondents selected from a 7-point scale (1 = strongly disagree; 7 = strongly agree).

We created 4 questions assessing barriers to providing care to transgender patients. Barriers included a lack of familiarity with transition care guidelines, lack of training in transgender-specific care, lack of exposure to transgender patients, and lack of knowledge about transgender patients among office staff, medical assistants, and/or nursing staff. Another item measured perceptions of being capable of providing routine care to transgender patients. Outcomes included willingness to provide routine care



Table 1. Clinician Characteristics, Exposure to Transgender Individuals, Barriers and Facilitators Related to Caring for Transgender Patients, and Willingness to Provide Care (N = 140)

	n (%)
Clinician characteristics	
Age (mean, SD)	39.7 (13.4)
Sex	
Male	58 (41.4)
Female	82 (58.6)
Continent of origin	
North America/Caribbean	91 (65.5)
Other	48 (34.5)
Political views	
Liberal	66 (47.1)
Moderate	51 (36.4)
Conservative	23 (16.4)
Specialty	
Internal medicine	97 (69.3)
Family medicine	43 (30.7)
Clinician type	
Resident	73 (52.1)
Advanced practitioner	3 (2.1)
Attending physician	64 (45.7)
Exposure	
Ever met a transgender person	
Yes	106 (75.7)
No	34 (24.3)
Treated transgender patient in past 5 years	5.(2.1.5)
Yes	75 (53.6)
No	65 (46.4)
Empathy (mean, SD) ^a	5.4 (1.5)
Transphobia (mean, SD) ^a	3.2 (1.1)
Barriers and Facilitators	5.2 ()
Lack of training on transgender health ^b	
Yes	67 (47.9)
No	73 (52.1)
	75 (52.1)
Lack of exposure to transgender patients Yes	52 /27 1)
No	52 (37.1) 88 (62.9)
	00 (02.9)
Lack of knowledge about transgender care among staff ^b	45 (22.1)
Yes No	45 (32.1)
	95 (67.9)
Lack of familiarity with transition care guidelines ^b	72 (52.1)
Yes	73 (52.1)
No Capable of providing routine care to transgender patients ^b	67 (47.9)
Yes	96 (68.6)
No	90 (00.0) 44 (31.4)
	44 (21.4)
Willingness to provide care	100 100 5
Willing to provide routine care for transgender patients ^b	120 (85.7)
Willing to provide Pap tests for transgender men ^b	104 (78.6)
Pap = Papanicoulou.	

a Theoretical range 1-7. Higher score represents greater empathy or transphobia.

^b Originally measured on a 7-point scale. Dichotomized for analysis (1-4=no, 5-7=yes).

to transgender patients ("I am willing to provide routine medical care to male-to-female/female-tomale transgender patients") and Pap tests to transgender men ("I am willing to perform Pap smears for female-to-male patients"). Questions related to barriers, facilitators, and willingness were measured on a 7-point scale (1 = strongly disagree; 7 = strongly agree) and dichotomized for analysis.

Descriptive analyses, χ^2 tests, and *t*-tests were conducted. Multivariable binary logistic regression was used to determine factors predicting willingness (significant variables at the *P* <.05 level in bivariate analyses for at least 1 outcome were included).

RESULTS

A total of 163 clinicians responded to the survey; 23 were excluded due to missing data (response rate = 53%). Participant characteristics and other variables are described in Table 1. Overall, 85.7% and 78.6% of clinicians were willing to provide routine care to transgender patients and Pap tests to transgender men, respectively. Variables associated (P < .05) with at least 1 outcome were age, continent of origin, specialty, having ever met a transgender person, having cared for a transgender patient in the past 5 years, empathy, transphobia, each of the 4 barriers, and feeling capable of providing routine care (Table 2).

In multivariate analysis, the adjusted odds of being willing to provide routine care decreased with age (adjusted odds ratio [aOR] = 0.89, *P* =.019) (Supplemental Appendix 1 at http://www. annfammed.org/content/16/6/555/suppl/DC1). The adjusted odds of being willing to provide Pap tests were higher for family physicians than internists (aOR = 5.08, *P* =.016) and those who had met a transgender person (aOR = 4.11, *P* =.032), while lower among those with higher transphobia (aOR = 0.54, *P* =.020)(Appendix 2, http://www. annfammed.org/content/16/6/555/suppl/DC1).

DISCUSSION

While most clinicians were willing to provide routine care and Pap tests to transgender patients, support was not universal. Multivariate results suggest that younger clinicians are more willing to provide routine care. Only personal experiences and biases—having met a transgender person and transphobia—predicted willingness to provide Pap tests to transgender men. Our findings, as well as the success of transgender speaker panels,⁷ point to

Table 2. Factors Associated With Primary Care Clinicians' Willingness to Provide Routine Care for Transgender Patients and Pap Tests for Transgender Men (N = 140)

	Routine Care for Transgender Patients		Pap Test for Transgender Me	
	No. (%)	P Value	No. (%)	P Value
Clinician characteristics				
Age (mean, SD)		.042		.246
Willing	38.7 (13.2)		39.0 (13.4)	
Not willing	45.3 (13.5)		42.2 (13.3)	
Sex		.262		.511
Male	89.7		75.9	
Female	82.9		80.5	
Continent of origin		.002		.044
North America/Caribbean	92.3		83.5	
Other	72.9		68.8	
Political views		.379		.101
Liberal	89.4		86.4	
Moderate	80.4		72.5	
Conservative	87.0		69.6	
Specialty		.940		.020
Internal medicine	85.6		73.2	
Family medicine	86.0		90.7	
Clinician type		.156		.165
Resident	90.4		83.6	
Advanced practitioner	100.0		100.0	
Attending MD	79.7		71.9	
Exposure				
Ever met a transgender person		.020		<.001
Yes	89.6		85.8	
No	73.5		55.9	
Transgender patient in past 5 years		.022		.012
Yes	92.0		86.7	
No	78.5		69.2	
Barriers & facilitators	1015		0012	
Empathy (mean, SD)		.035		.083
Willing	5.5 (1.4)	1000	5.5 (1.3)	1005
Not willing	4.8 (1.6)		4.9 (1.8)	
Transphobia (mean, SD)		.007	1.5 (1.6)	<.001
Willing	3.1 (1.0)		3.0 (1.0)	1.001
Not willing	3.8 (1.3)		3.8 (1.1)	
Lack of training on transgender health	5.0 (1.5)	.240	5.0 (1.1)	.006
Yes	82.1	.210	68.7	.000
No	89.0		87.7	
Lack of exposure to transgender patients	05.0	.022	01.1	.013
Yes	76.9		67.3	
No	90.9		85.2	
Lack of knowledge about transgender	20.2	.018	0.5.2	.018
care among staff		.010		.010
Yes	75.6		66.7	
No	90.5		84.2	
Lack of familiarity with guidelines		.782		.027
Yes	84.9		71.2	
No	86.6		86.6	
Capable of providing routine care		<.001		.043
Yes	99.0		83.3	
No	56.8		68.2	



the importance of integrating not only clinical but also personal exposure to transgender individuals into medical education. In addition, family medicine clinicians were more willing than internists to provide Pap tests. Some primary care physicians, however, particularly internists, may not routinely offer these tests, preferring to refer patients to a gynecologist.⁸

Methodological limitations should be noted. Data were collected in 1 health system, thus limiting generalizability. Results may overestimate willingness to care for transgender patients, due to a non-optimal response rate (53%) and potential respondent bias. Clinicians who are willing to care for transgender patients may have been more likely to respond. Likewise, social desirability may have positively biased respondents' answers. Finally, our survey did not address clinicians' attitudes towards genderqueer, non-binary, or gender non-conforming individuals, who may experience increased bias in health care settings. ⁹

It is encouraging that most respondents reported willingness to provide routine care services to transgender patients. Yet ideally, every clinician should be willing to provide routine care—within the general scope of their practice—to all patients, regardless of their gender identity or expression. Furthermore, willingness is not necessarily equivalent to competence or the ability to provide high-quality, sensitive care; respondents in this study were more likely to report willingness to care for transgender patients than they were to report feeling capable of providing routine care to this patient population. The importance of incorporating best practices for appropriate care for transgender patients into medical education cannot be overstated.

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 Supplementary materials: Available at http://www.AnnFamMed. org/content/16/6/555/suppl/DC1/.

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