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Transgender CE for OT Practitioners and Students

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OTD 8494 Final Culminating Project
Transgender CE for OT Practitioners and Students

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Abstract

Introduction/Rational:

The population of individuals that identify outside of the gender binary social constructs is increasing and becoming more visible. Therefore, it is important for healthcare practitioners to be well equipped to provide affirming care for patients in the LGBTQIA+ community. Findings show that transgender patients have higher incidences of negative experiences with healthcare workers despite healthcare workers having more affirming attitudes. Other studies found healthcare practitioners lacked training and knowledge to provide the best quality of care.

Objectives:

To educate occupational therapy practitioners on gender affirming care related to daily activities, health, and well-being.

Method/approach:

Content from articles, videos, and personal interactions/conversations, was synthesized to inform the development of a continuing education program.

Results/practice implications:

The continuing education program was reviewed by members of the trans community and occupational therapists for evaluation of quality of content and usefulness for healthcare practitioners.

Conclusion:

There remains a need for education of healthcare practitioners about affirming care for the trans community. The continuing education was identified as beneficial by both the transgender and occupational therapy participants who viewed the program.

Introduction to Capstone Project

Education and research were the focus for this doctoral capstone experience. The purpose of this capstone project was to create a continuing education course to educate occupational therapy practitioners on the healthcare and occupational needs of transgender and gender non-confirming patients. Content from articles, videos, webinars, and personal interactions and conversations were synthesized to inform the development of the continuing education program. The content was reviewed by the transgender, gender non-conforming, and occupational therapy communities. This capstone experience was self-directed with weekly meetings, assistance, and guidance from a faculty advisor, Dr. D'Amico.

Literature Review of Capstone Project

Introduction

The contemporary understanding of gender and sex is evolving past the binary view of what it is to be male or female. The World Health Organization [WHO] (2019) defines gender as the socially constructed roles, behaviors, and norms associated with being women and men. Gender norms vary across different societies and generations because characteristics of gender are socially constructed (WHO, 2019). Sex is classified as the biological characteristics (e.g., genitals, chromosomes) that are associated with being a male, female, or intersex (Hues, n.d.). Although historically sex and gender have been used interchangeably, it is important to note that these constructs are not the same. While one's sex is strictly biologically and physiologically based, one's gender identity refers to the personal inherent experience of gender; thus, one's gender identity does not always correspond with an individual's biological sex (American Psychology Association, 2015; WHO, 2019.). Transgender, non-binary, and genderqueer are

some of the alternative gender identities for individuals that do not identify with the gender they were assigned at birth.

Health Disparities

There are approximately 1.4 million people in the United States that identify as transgender (Flores et al., 2016). Access to and experiences of healthcare can be influenced by an individual's identity (WHO, 2019). Like other social constructs, there are gender-based social and economic inequalities and discrimination (WHO, 2019). As a growing minority, gender non-conforming individuals are more likely to have poor experience with healthcare whether from lack of access or negative encounters with healthcare workers.

Transgender patients have reported that they often are aware of when a healthcare professional has little to no knowledge about the transgender experience. Heng et al. (2018) completed a systematic review about the transgender experience with healthcare professionals. They found that most participants reported being explicitly told their healthcare provider lacks knowledge or could tell their healthcare provider lacked knowledge due to cis-normative attitudes. Over half of the participants reported being denied care because the provider had no experience with transgender patients (Heng et al., 2018). Similarly, Kcomt (2019) found that in comparison to their Lesbian, Gay, and Bisexual (LGB) peers, transgender individuals were three times as likely to be denied health care. When receiving care, transgender individuals often take on the role of educator to their healthcare providers to ensure they receive the care that they need (Kcomt, 2019). Additionally, transgender patients experience harsh verbal and physical abuse from healthcare providers. According to Kcomt (2019), transgender individuals were twice as likely to experience these abuses from their healthcare providers compared to LGB peers.

In addition to negative experiences with healthcare providers, transgender individuals experience disparities in access to healthcare. When compared to cisgender peers, transgender individuals are reported to have higher frequency of poor general health and are 27% more likely to lack healthcare coverage (Kcomt, 2019; Meyer et al., 2017).

Attitudes of Healthcare Providers

Health care professionals' attitudes towards transgender and non-binary patients have become increasingly positive over time. Kanamori and Cornelius-White (2016) surveyed 243 medical professionals of various backgrounds utilizing the Transgender Attitudes and Knowledge Scale (TABS) and found that not only were the participants' overall attitudes positive towards the gender non-conforming community, but also more affirming than the general public (Kanamori & Cornelius-White, 2016). This suggests that because of their career field, healthcare professionals are more likely to have interactions with transgender individuals than the average person. Although health care professionals hold more affirming views, there are differences between the sexes. Male practitioners tend to have a more binary view of gender compared to their female peers. Female practitioners were found to respond with more positive attitudes towards the transgender and gender non-conforming populations (Kanamori & Cornelius-White, 2016). Factors such as sexuality, ethnicity, religiosity, and political affiliation directly influenced practitioners' attitudes. More affirming attitudes were found to be correlated with practitioners who had progressive political views, did not identify as heterosexual, were Black or an Indigenous Person of Color (BIPOC), and had less restrictive religious beliefs (Kanamori & Cornelius-White, 2016).

Although evidence shows that healthcare practitioners have a generally tolerant attitude towards transgender patients, there is a lack in competency for interacting with this community.

Gunjawate, et al. (2020) completed a study of the attitudes and knowledge of speech and language pathologists (SLPs) of the trans community. The findings showed that the SLPs reported to have a high level of comfortability when dealing with aspects of healthcare like transgender related healthcare concerns, masculinization, and feminization of the voice, and the SLP role in transitioning. However, their responses were in direct contrast to their level of knowledge about transgender issues. Less than half of the participants answered questions about terminology correctly, 36% of the participants misidentified the symbol for transgender, and most responded that they did not know if negative healthcare experiences were common for transgender patients (Gunjawate et al., 2020). These findings show that there is a disconnect between the perceived competency of practitioners to provide affirming care to transgender patients and actual knowledge.

The Occupation of Gender

Occupational identity is the overall sense of self as an occupational being generated from experiences of participation in meaningful activities. What constitutes as “meaningful” is shaped by one’s identity, which is characterized by collective and individual values, habits, roles, and rituals (Wada et al., 2010). An important aspect of identity is how one relates to their gender via gender identity and gender expression. Participation in doing gender affects overall well-being. Therefore, not being able to participate in activities that affirm one’s gender can have an adverse effect on one’s overall sense of self (Wada et al., 2010).

So, what does “doing gender” look like? Since gender is a social construct, being and doing gender depends on what values and roles society assigns to being a man, woman, or neither (Wada et al., 2010). Historically, post industrialization, western societies have adhered to a binary perspective of what traits and roles are assigned to each gender (Kachel et a, 2016). Men

are seen to be logical, competitive, strong, and problem solvers. In contrast, women are seen to be emotional, passive, creative and nurturers. Society has also placed occupational expectations of each gender based on these traits. For example, men are expected to take on roles that allow for the expression of masculine traits like, CEOs, sports players, and politicians. Women are expected to take on roles that allow for expression of feminine traits like, housewives, nurses, and secretaries (Kachel et al., 2016).

People that identify with their assigned gender at birth often do gender in an uninhibited and instinctual way (Wada et al., 2010). For those that identify outside of the binary, the experience of doing gender is different than their cisgender peers. According to Dowers et al. (2019), the occupational experience of transgender individuals consists of three categories: “doing difference,” “being recognizably different,” and “responding to difference.” For transgender individuals, “doing difference” referred to their expression of gender and transition process. This includes dressing in a way that affirms their gender identity, altering the body to appear like their gender identity (via surgery or undergarments), and participating in occupations that accent or mask aspects of gender expression (Dowers et al., 2019). The overt and covert discrimination experienced by transgender individuals is what Dowers et al. (2019) refers to as “being recognizably different.” This ranges from experiencing transphobia from healthcare providers to physical and verbal violence from strangers. This highlights how the continuous patrolling of gender from a binary perspective impacts the occupational experiences of transgender people. Being vigilant in public spaces, carrying protective equipment, and avoiding environments where transphobic treatment is likely are some of the strategies categorized as “responding to difference” (Dowers et al., 2019). The threat of discrimination and violence requires transgender individuals to acquire new or alter occupations to protect themselves.

Also, the environment impacts occupational participation as it relates to gender. Cis-normative, the assumption that everyone identifies with their birth assigned gender, is what shapes the occupational engagement opportunities for transgender individuals (Dowers et al., 2019). Idealized preconceptions are produced from cis-normativity and reflected in cultural, social, physical, and institutional environments (Dowers et al., 2019). The nonbinary experience of doing gender is heavily influenced by the environment. McCarthy et al. (2020) found that environments that were either binary or “safe spaces” influenced the occupational experience of nonbinary individuals. Binary environments reinforce cisgender cultural expectations which results in nonbinary individuals feeling marginalized. In contrast, safe spaces that “intentionally promote and display gender diversity” allow for affirming occupational experiences (McCarthy et al., 2020). Nonbinary individuals chose to engage in occupations that are not strongly associated with certain genders, thus challenging the binary gender expectations.

Occupational Therapy and Gender

There is limited research on the transgender and gender non-confirming issues within the occupational therapy field. The findings of the research that have been done, follows similar trends of research from other healthcare fields: lack of training and inadequate education. Huang et al. (2020) found that student’s and practitioner’s feelings of preparedness are correlated with the amount of education on transgender needs and contact with transgender individuals. Jorge et al. (2020) found that transgender and gender non-conforming patients still feel their occupational needs are not addressed despite occupational therapy program directors reporting that their curriculum prepares students somewhat. These findings further show that there is a need for more transgender specific curriculum and training in the occupational therapy field to ensure that transgender and gender non-confirming patients receive the best care.

As of 2020, gender identity has been included as a personal factor in the fourth edition of the Occupational Therapy Practice Framework: Domain and Process [OTPF-4] (2020). It is within the occupational scope of practice to address the occupational and healthcare needs of patients of varying gender identities. As transgender and gender non-conforming patients engage in occupations, new and old, throughout the transitioning process, occupational therapists have the skillset to address their needs to live a more gender affirming life.

Conclusion

Gender identities that are outside of the binary are growing. Despite healthcare practitioners possessing positive attitudes towards transgender and gender nonconforming patients, they still experience negative healthcare encounters because of the lack of education and training. This resulting in diminished access to healthcare and poorer overall health for transgender and gender non-confirming patients. Transgender and gender non-conforming individuals experience doing gender differently than cisgender individuals. Occupational engagement is influenced by cisnormative values, gendered occupations, and occupational environments. Like other healthcare professions, occupational therapy lacks education and training on transgender needs. The OTPF-4 shows that gender identity needs to be included in the occupational therapy process. The purpose of this capstone project of developing a continuing education course is to reduce the gap in training on transgender occupational and healthcare needs for occupational therapists and students.

Needs Assessment

Transgender and gender non-conforming patients tend to have poorer overall health compared to their cisgender peers. The literature review highlighted that transgender and gender non-conforming patients experience four reasons for the health disparities that they experience:

transgender and gender non-conforming individuals regularly experience negative encounters with healthcare practitioners, they are often have to educate their healthcare practitioners in order to receive appropriate care, healthcare practitioners generally have affirming attitudes about the transgender and gender non-conforming community, and there is a gap in training for healthcare practitioners on the needs of transgender and gender non-conforming patients. I conducted conversations with four friends of transgender and gender non-conforming to gain personal insight of their experience with receiving healthcare. From my conversations, my literature findings were further supported. My doctoral capstone project of creating a continuing education course will assist occupational therapists by educating them of the occupational needs of the transgender and gender non-conforming community so that they are equipped to provide suitable care and to provide courses to assist with becoming advocates and allies to the community.

Goals and Objectives

Three goals were established for my doctoral capstone experience: 1) student will perform needs assessment to determine needs for an occupational therapy continuing education course on the healthcare and occupational needs of transgender patients, 2) student will use current literature to create continuing education course, and 3) student will present continuing education course to peers. Each goal had measurable objectives that were achieved over the course of my 16-week doctoral capstone experience.

The Two objectives for the first goal were to have conversations with transgender and gender non-confirming peers and review literature pertaining to the topic. Three peers participated in the conversations. Themes and needs were identified from these conversations with peers. It was important to me to build a continuing education course that catered to the needs of transgender and gender non-conforming individuals. These conversations were a

beneficial way of receiving personal accounts of healthcare experiences and occupational needs. The themes and needs identified through the conversations correlated with the information that was found in the brief overview of literature.

The two objectives for the second goal were to identify resources and attend webinars. A multitude of resources were identified. These resources included websites, social media groups, videos, articles, and books. In addition to finding resources, I attended educational webinars and lectures on various topics dealing with sex, sexuality, gender identity, sex education, and cultural competency in occupational therapy. The webinars and lectures allowed for me to get a better understanding of the occupational and healthcare needs of the transgender and gender non-conforming community and add to my understanding of cultural competency. I synthesized the continuing education content from all the resources that were found and the attended webinars.

The two objectives for the third goal were to receive feedback and make edits after presenting the continuing education course to peers. Three beta presentations of the continuing education course were completed. Those that participated in the beta presentations were an occupational therapist, transgender man, a nonbinary individual, and three occupational therapy students. All participants provided feedback concerning the accuracy and usefulness of the continuing education content. The continuing education content course was edited based on the feedback received.

Summary

My doctoral capstone experience was challenging and rewarding. Through this experience I have learned how to better manage my time. Completing my doctoral capstone during a pandemic and after a graduation delay proved to be difficult at times. However, guidance, encouragement, and understanding from my capstone mentor helped motivate me to

push on. Additionally, I learned that the process of creating a continuing education course is extensive. It requires a great amount of patience and focus. The occupational therapy program has equipped me with critical thinking skills to synthesize information from various sources that played an important part in the creation of the continuing education course content. My capstone experience has further strengthened these skills. Lastly, acquiring a deeper understanding of the importance of culturally relevant occupational research to the occupational therapy profession to address the intersectionality of patients is a lesson I am most excited to be leaving this experience with.

The intent for the continuing education course created during my capstone project is to disseminate it through state, national, and international conferences in addition to on demand workshops. An abstract was submitted to the World Federation of Occupational Therapy in hopes it will be accepted as a poster presentation. In addition, I will be presenting in collaboration with clubs at Nova Southeastern University in May on the health and occupational needs of transgender and gender non-conforming patients.

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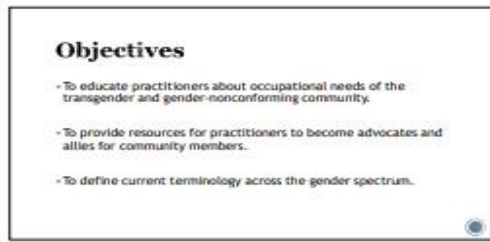
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Appendix A

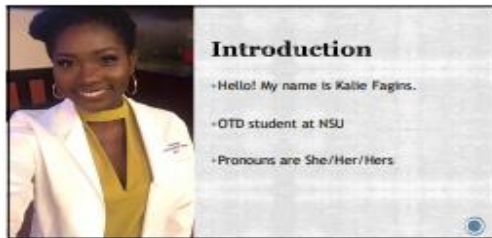
Content for Continuing Education



1



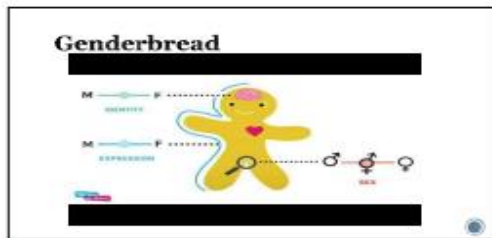
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3



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6

Appendix B

Resources

Health

[Home | The Network 2 \(otnetworkmembers.org\)](#)

[Home » LGBTQIA+ Health Education Center](#)

[Center of Excellence for Transgender Health | Division of Prevention Science \(ucsf.edu\)](#)

[Standards of Care - WPATH World Professional Association for Transgender Health](#)

[Lesbian, Gay, Bisexual, and Transgender Health | CDC](#)

[GLMA - GLMA Home Page](#)

Resources

[SunServe - We Help People](#)

[Transgender Resources | GLAAD](#)

[The Safe Zone Project](#)

[LGBTQ Resources – Penn Medicine](#)

[National Center for Transgender Equality \(transequality.org\)](#)

Laws/Policy

[Williams Institute – A think tank at UCLA Law dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy](#)
[Williams Institute | A think tank at UCLA Law dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy](#)

[Home - Transgender Law Center](#)

Educational

[The Genderbread Person | A free online resource for understanding gender identity, gender expression, and anatomical sex.](#)

[UNF - LGBTQ Center - Homepage](#)

Pediatrics

[TYEF Featured and Recommended Books — Trans Youth Equality Foundation](#)

[Section on LGBT Health and Wellness \(SOLGBTHW\) \(aap.org\)](#)

[Resources For Your School | Welcoming Schools](#)

[Homepage | GLSEN](#)

[Gender Spectrum | Gender Spectrum Homepage](#)[Gender Spectrum](#)

[Family Acceptance Project ® | \(sfsu.edu\)](#)

Geriatrics

[LGBT Aging Training and Consulting for a Better Workplace - SAGECare \(sageusa.care\)](#)

[National Resource Center on LGBT Aging \(lgbtagingcenter.org\)](#)