

Experiences of Transgender People in the Healthcare System: A Complex Analysis

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ABSTRACT

A nursing perspective following McIntyre and McDonald's framework was used to unpack the complex issue of challenges faced by transgender people in the Canadian healthcare system, considering historical, ethical, legal, social, cultural, political, and economic perspectives. Transgender people have unique healthcare needs which are often misunderstood or unaddressed by healthcare professionals, leading to poorer outcomes and inequities. Issues concerning transgender people are becoming a focus and a higher priority for society. This literature review reveals the complexity of this issue as the roots in historical, ethical, legal, social, cultural, political, and economic contexts are explored. A variety of barriers and facilitators exist to addressing and resolving this issue, including transgender people avoiding healthcare, intolerance, lack of knowledge and understanding, lack of healthcare provider training, media representation, and economic costs. The analysis of this issue can be used to inform resolution strategies to utilize facilitators and overcome barriers, including increasing awareness and knowledge, improving education and healthcare provider competency, and utilizing nurse leaders as advocates, role models, and agents of change. Improving care of transgender people is a nursing leadership priority. By implementing the suggested resolution strategies, the healthcare system can begin to move towards a more inclusive, understanding, and holistic model of care to improve healthcare access and outcomes for transgender people.

RÉSUMÉ

Une perspective infirmière s'inspirant du cadre de McIntyre et McDonald a été utilisée pour mettre au jour le problème complexe des défis auxquels sont confrontés les transgenres dans le système de santé canadien, compte tenu des perspectives historiques, éthiques, juridiques, sociales, culturelles, politiques et économiques. Les personnes transgenres ont des besoins de soins de santé uniques qui sont souvent mal compris ou ignorés par les professionnels de la santé, ce qui entraîne des résultats et des iniquités plus faibles. Les questions concernant les personnes transgenres deviennent une priorité et une priorité pour la société. Cette revue de la littérature révèle la complexité de cette question à mesure que les racines des contextes historiques, éthiques, juridiques, sociaux, culturels, politiques et économiques sont explorées. Divers obstacles et facilitateurs existent pour traiter et résoudre ce problème, notamment les personnes transgenres évitant les soins de santé, l'intolérance, le manque de connaissances et de compréhension, le manque de formation des prestataires de soins, la représentation des médias et les coûts économiques. L'analyse de cette question peut être utilisée pour éclairer les stratégies de résolution et utiliser les facilitateurs et les agents de changement. L'amélioration des soins aux personnes transgenres est une priorité du leadership infirmier. En mettant en œuvre les stratégies de résolution proposées, le système de santé peut commencer à évoluer vers un modèle de soins plus inclusif, compréhensif et holistique pour améliorer l'accès aux soins et les résultats pour les personnes transgenres.

Transgender people face challenges and barriers in the healthcare system, resulting in health disparities and inequities (1). The transgender experience is not well understood, leading to barriers with healthcare professionals in recognizing and addressing the unique needs of this population. This complex issue will be analyzed using McIntyre and McDonald's framework of exploring nursing issues by considering various perspectives including historical,

ethical, legal, social, cultural, political, and economic; and facilitators and barriers will be identified and appropriate resolution strategies suggested (2).

LITERATURE REVIEW

A literature review was conducted in order to determine current beliefs, views, and knowledge regarding transgender people and the issues they face in the healthcare system. The literature

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review included peer-reviewed articles from medical, nursing, behavioral medicine, and LGBT bioethics journals published within the last nine years, ranging from 2009 to 2015. These articles included literature reviews and syntheses, reviews of best practice, implications for practice, and one survey analysis study. There is consensus across the literature that transgender people have complex and unique healthcare needs (3,4). A gap was identified in knowledge and understanding among healthcare providers regarding these needs and the transgender experience (1). A significant body of research indicated that the transgender population often avoids or delays accessing the healthcare system due to fear of incompetent or insensitive care (4,5,6), leading to health disparities (7).

Through the literature review, it is clear that there are still conflicting views regarding transgender people. Though they are becoming more understood in society, Redfern and Sinclair found that individuals intolerant of transgender people tended to be “social conformists, heterosexual, religious, fundamentalists, male, morally dogmatic, ego-defensive, homophobic, and lacking self-esteem” (8). Personal clinical observations and public opinion polls have identified a trend in which older generations often lack understanding of the transgender experience or the need to accommodate their unique needs (9). Some physicians and healthcare professionals do not approve of gender reassignment and still hold the viewpoint that being transgender is a neurotic disorder (8). The current literature reviewed as a whole indicates a need for improvements in this area.

COMPLEX ANALYSIS

Historical

Transgender identity has existed over the course of history, however, has recently gained attention as an important issue. It has been recorded in history since ancient times, as reflected in Greek mythologies involving “a woman raised as a male ... being transformed into a man” (10). Though homosexuality is different from being transgender, the history of homosexuality is relevant because often transgender people are grouped and understood in the context of the lesbian, gay, bisexual, and transgender (LGBT) community. In the past, homosexuality was seen as a mental disorder or an abnormality (11). This is evidenced by the appearance of “homosexuality” in outdated versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) up until 1973, when it was reclassified as “sexual orientation disturbance” (11). Complete removal of homosexu-

ality-related diagnoses from the DSM in 1987 opened the door to acceptance and improved understanding (11). Despite this, many countries still do have laws and punishments against homosexuality (12).

Transgender identity was introduced to the DSM in 1980 as a mental disorder referred to as “gender identity disorder” (13). In the DSM-V revisions, this was changed to “gender dysphoria”, which provides more accurate terminology (14). Acknowledgement of gender dysphoria is important to a holistic understanding of the transgender experience, as healthcare visits often trigger dysphoric feelings, contributing to the tendency of transgender people to avoid healthcare (5). However, the existence of “gender dysphoria” in the DSM contributes to the incorrect association of transgender identity with mental illness. With the recent terminology changes and increasing representation of transgender people in media and news, societal attitudes are shifting, moving towards awareness and acceptance of this population. However, the historical context of transgender identity as a mental illness still impacts how it is viewed today. This creates an even greater need for addressing barriers faced by transgender people in healthcare, as more people are coming out and seeking gender reassignment.

Ethical/ Legal

Addressing barriers and disparities in care of transgender patients is a nursing responsibility. This falls under nearly all sections of the Canadian Code of Ethics for Registered Nurses (15). This document specifies “providing safe, compassionate, competent and ethical care” and “promoting justice” as responsibilities of registered nurses (15). In order to meet these competencies, it is absolutely necessary to understand the transgender experience and ways to address their unique needs, which is currently lacking in the healthcare system (16). It is the responsibility of nurses to be accountable to their practice and address this discrepancy in order to improve care to the ethical standards of the Canadian Nurses Association.

The Canadian Human Rights Commission acknowledges that discrimination, exclusion, and hostility impair transgender peoples’ access to healthcare (17). On May 17, 2016, new legislation addressed this issue as “gender identity” and “gender expression” gained protection against discrimination and harassment by federal law in the Canadian Human Rights Act (17).

Social/ Cultural

Social and cultural movements involving transgender people are often understood collectively as part of the LGBT alliance. Inclusion of transgender people into this group has potential to provide support as the voice of the alliance is highly recognized and valued in society. However, Merryfeather and Bruce reported that transgender people sometimes face discrimination from the homosexual community (18). Inclusion of transgender people in the LGBT alliance contributes to misconceptions of gender identity being on the same spectrum as sexual orientation, when in fact it is entirely different. Transgender people face unique issues that, though similar in some aspects, are different from those faced by homosexual individuals (18). Research working to generate a knowledge-base and understanding of the LGBT community largely focuses on sexual orientation, with significantly less emphasis on gender identity (19). This reflects a barrier and a lack of knowledge, understanding, and competency with the transgender population.

Society today is predominantly heterosexual and gender-conforming, making the transgender population a stigmatized minority (20). It has been seen in popular culture, social media, music, and through celebrity advocates, that acceptance and tolerance of minorities is becoming a priority as society is shifting towards cultural competence. A sociocultural shift away from shame and rejection of the LGBT community is reflected by growing numbers of individuals who now feel comfortable, safe, and able to come out as part of the LGBT community (21). Many cities across Canada promote acceptance by hosting pride parades every year, which are attended and supported by thousands of people including LGBT individuals, straight allies, community groups, corporations, churches, and political figures such as city mayors (22). It has been observed that churches and public buildings are starting to fly rainbow flags as symbols of acceptance, indicating that action and change in a positive direction will be embraced more now than ever before.

Both support and opposition for this societal shift are reflected in news and media. News has been reporting transgender rights issues such as the controversial introduction of gender-neutral bathrooms into public schools and acceptance of transgender girls into Girl Guides (23,24). The way these agendas are reported in the news adds to a movement towards societal acceptance and tolerance of transgender people, but also creates a space where opposing opinions can be voiced. The

public is becoming more aware of the transgender experience, as this population is beginning to be reflected in media such as TV series including *Degrassi* and *Wentworth* (25,26). When represented accurately, this can increase societal acceptance and understanding by normalizing the transgender experience. Unfortunately, much of the media representation of the transgender population exists in comedies which reduce the experience to humour and ridicule (27). This representation opposes steps taken towards acceptance and understanding and creates a public opinion that the transgender experience is something to be taken lightly, joked about, and made fun of.

Political

LGBT rights have become a relevant topic in Canadian politics recently. This is a nursing issue, as nurses have influence in politics, laws, policies, and regulations regarding care of transgender patients, and thereby must act as advocates to bring the issues to the attention of those who can facilitate change. Political figures may be invested in addressing these issues in order to gain voters popularity, but also because they are the ones who are able to advocate for those who lack a voice. The Alberta Government addressed the needs of transgender children in the school system through the document "Guidelines for Best Practice: Creating Learning Environments that Respect Diverse Sexual Orientations, Gender Identities and Gender Expressions" (28). Here it is specified that "providing safe access to washroom and change-room facilities" is a priority for transgender children, and this has been a popular topic in current politics (28). The controversial suggested changes, which are now being implemented into school systems, include allowing students access to appropriate washroom facilities according to their gender identity, having behavioural expectations to ensure safety, as well as adequate supervision in washrooms and change rooms (28).

There are still groups in society who resist political changes that would improve LGBT rights, including some Catholics and Protestants who oppose same-sex marriage and gender reassignment surgery (9). To combat opposition, the Trans Equity Society of Alberta (TESA) is a group which acts as a voice for transgender people, and is a great advocate for change in politics, education, and community development (29). TESA's vision to "open opportunities for formal engagement with authorities who otherwise overlook the unique needs of the larger [transgender] community" aligns with the Human Rights Act in protecting against discrimination and harassment based on

gender identity or expression (17,29). TESA's vision also aligns with Canadian nurses' Code of Ethics, as it promotes justice, raises awareness, and voices concerns; thereby ensuring "safe, compassionate, competent, and ethical care" as required by the Canadian Nurses Association (15).

Economic

Transgender healthcare presents an economic issue, as there are certain areas that have been seeking government funding and coverage for critical aspects of care. It was only as recent as 2012 that funding for gender reassignment surgery was reinstated in Alberta (30). This topic generated controversy and debate, but ultimately led to positive changes in policy and funding. Currently, there is only one facility in Canada, located in Montreal, which performs genital gender reassignment surgery (30). Alberta Health Care covers the cost of transportation to hospital, including flights, but does not cover accommodations in hospital or take-home medications and equipment (30). Other gender reassignment-related surgeries such as mastectomies are covered and performed in Alberta, while some procedures that are deemed "cosmetic" such as facial feminization are not (30).

Hormones, injection supplies, and other necessary equipment are currently not covered by Alberta Health Care and can be costly to transgender people. Introducing funding in these areas involves careful consideration of multiple dimensions of the issue in order to determine economic priority. There is an economic consideration when looking at physician training as well, as many physicians are able but unwilling to prescribe hormones for transgender patients due to a lack of training (31). There is still a need for increased funding in order to improve research on the transgender experience and training of physicians and healthcare providers. This would increase access and reduce waitlists, making gender reassignment easier and less traumatic, thereby improving quality of life for transgender people (32).

Barriers

Barriers to resolving the issues that transgender people face in the healthcare system are embedded within multiple contexts of the issue. Association with the homosexual spectrum, inaccurate media representation, and the history of homosexuality as a mental illness results in a misunderstanding and lack of knowledge regarding unique transgender experience, needs, and care. There is still much opposition to changing laws and

increasing acceptance of transgender people, including groups of certain religious individuals, homophobics, and fundamentalists (8).

A significant barrier to resolving the issue is lack of transgender people accessing the healthcare system. Fear of discrimination and misunderstanding causes transgender people to avoid healthcare and to avoid disclosure of transgender status if possible, creating a situation where many healthcare providers may not ever knowingly care for a transgender patient (33). This creates a barrier to establishing relevance of the issue and gaining support to prioritize solutions amongst healthcare providers. Another significant barrier, but also an opportunity for nursing leadership, is the lack of education, training, understanding, and awareness of the transgender experience. This results in healthcare providers who are unfamiliar and uncomfortable with addressing needs of transgender patients (34). Overcoming these barriers is essential to improving quality of care and reducing health disparities and inequities of transgender people.

Resolution

Care of transgender patients is currently below the standard that it should be, and nursing advocacy and leadership are needed to influence policies and practices that are currently lacking (35). The Canadian Human Rights Commission reported that "immediate action is required" to address issues faced by the transgender population (17). Following Kotter's eight steps for change would be an effective approach to resolving this issue (36). Kotter recommends beginning by creating a climate for change, followed by enabling and engaging the organization, and finally, implementing and sustaining change (36). This can be accomplished for the transgender community by beginning with raising awareness, acceptance, and understanding of the transgender experience, thereby creating interest in the issue and setting the stage for change (36). Public service announcements, social media, and adjustments to public education systems could be utilized to disperse accurate knowledge and increase understanding of the transgender experience.

Once the importance of the issue and the need for change have been established, the healthcare system can be enabled and engaged through implementing specific training into healthcare provider education programs. This should include education on identifying and addressing unique care needs of transgender patients (37). This will ensure that healthcare providers

are knowledgeable and prepared to create therapeutic relationships with transgender patients, enabling them to become advocates on behalf of this population (38).

Nursing leaders are needed to act as advocates for underserved populations such as the transgender community for successful implementation and sustainment of change (6). The Canadian Human Rights Commission suggested establishing specific advisory groups to influence policy, government changes, education, and awareness raising (17). Joint Commissions support this with a similar suggestion that healthcare leaders “appoint a high-level advisory group to assess the climate for LGBT patients and make recommendations for improvement” (6). This would be an ideal role for a nursing leader who could influence change by advocating to provincial health services and government organizations to increase funding for transgender-related services, including improving training and expanding availability of surgeons, physicians, and other healthcare professionals who can deal with gender reassignment needs.

Nurses should advocate for introduction of specific clinical guidelines to help healthcare providers deliver competent and comprehensive care to the transgender population (38). Joint Commission clearly outlines additional roles of nursing leaders with suggestions of facilitating equality by adopting non-discriminatory policies and strategies for reporting discrimination or disrespectful treatment, as well as monitoring system approaches to implementing transgender-competent care (6). This would increase access and significantly decrease wait times for transgender-related care such as psychological assessments, hormone therapy, and gender reassignment procedures.

There are a number of simple ways that any nurse can utilize leadership skills to influence change in this area. Utilizing a transformational leadership style to create enthusiasm in the workplace and using “idealized influence” to act as role models would increase motivation to change and improve care of transgender patients (39). Modeling proper use of patients’ preferred pronouns and names, sensitive terminology for body parts, and not disclosing transgender identity to others unnecessarily can lead to significant improvement in care and add to an organizational atmosphere of respect, acceptance, and transgender-competent care (5).

By increasing awareness, providing training, and implementing change, healthcare providers would be more comfortable

and competent in identifying and addressing unique needs of transgender patients (5). Many barriers would be eliminated if this outcome was experienced by transgender people, as they would be less inclined to avoid the healthcare system (6). Ultimately, this would lead to improved care, health, and equality of the transgender population.

CONCLUSION

It is clear that many healthcare providers have difficulty recognizing and addressing unique needs of transgender patients, leading to reduced quality of care, health disparities, and health inequities amongst the transgender population. Through the multi-contextual analysis of this issue, specific barriers and facilitators were identified to inform resolution strategies. Increasing awareness, improving education, and utilizing nursing leadership on this issue will ultimately improve quality of care, leading to better health outcomes for the transgender population.

REFERENCES

1. Khalili J, Leung LB, Diamant AI. Finding the perfect doctor: Identifying lesbian, gay, bisexual, and transgender-competent physicians. *American Journal of Public Health* 2015;105(6):1114-1119.
2. McIntyre M, McDonald C. Nursing issues: A call to political action. In: McIntyre M, McDonald C, eds. *Realities of Canadian Nursing: Professional, Practice and Power Issues*. 4th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2014. 3-16 p.
3. Addis S, Davies M, Greene G, MacBride-Stewart S, Shepherd M. The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: A review of the literature. *Health and Social Care in the Community* 2009;17(6):647-658.
4. Davis S, Berlinger N. Moral progress in the public safety net: Access for transgender and LGB patients. *LGBT Bioethics: Visibility, Disparities, and Dialogue* 2014;44(5):45-47.
5. Hein L, Levitt N. Caring for transgender patients. *Nursing Made Incredibly Easy* 2014:29-36.
6. Lim F, Brown D, Kim S. Addressing health care disparities in the lesbian, gay, bisexual, and transgender population: A review of best practices. *American Journal of Nursing* 2014;114(6):24-34.
7. Bogart LM, Revenson TA, Whitfield KE, France CR. Introduction to the special section on lesbian, gay, bisexual, and transgender (LGBT) health disparities: Where we are and where we’re going. *The Society of Behavioral Medicine* 2014;47:1-4.
8. Redfern J, Sinclair B. Improving health care encounters and communication with transgender patients. *Journal of Communication in Healthcare* 2014;7(1):25-40.
9. Dorsen C. An integrative review of nurse attitudes towards lesbian, gay, bisexual, and transgender patients. *Canadian Journal of Nursing Research* 2012;44(3):18-43.
10. Koh J. The history of the concept of gender identity disorder. *Seishin Shinkeigaku Zasshi* 2011;114(6):673-80.
11. Drescher J. Out of DSM: Depathologizing homosexuality. *Behavioural Sciences* 2015;5:565-575.
12. Carroll S. State Sponsored Homophobia 2016: A world survey of sexual orientation laws: criminalization, protection and recognition. 11th ed. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association; 2016.

13. Cohen-Kettenis PT, Pfafflin F. The DSM diagnostic criteria for gender identity disorder in Adolescents and Adults. *Archives of Sexual Behavior* 2009;39(2):499-513.
14. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 5th ed. Arlington, VA: American Psychiatric Publishing; 2013.
15. Canadian Nurses Association. *Code of Ethics for Registered Nurses* [Internet]. Ottawa (ON): Canadian Nurses Association; 2008 Jun [cited 2016 Aug 5]. Available from: <https://www.cna-aiic.ca/~media/cna/files/en/codeofethics.pdf>.
16. Unger C. Care of the transgender patient: A survey of gynecologists' current knowledge and practice. *Journal of Women's Health* 2015;24(2):114-118.
17. Canadian Human Rights Commission. 17/05/2016 - "Transgender people have the same right to respect and dignity as everyone else in Canada," Canadian Human Rights Commission welcomes new bill [Internet]. Ottawa (ON): Canadian Human Rights Commission; 2016 May 17 [cited 2016 Aug 5]. Available from: <http://www.chrc-ccdp.gc.ca/eng/content/transgender-people-have-same-right-respect-and-dignity-everyone-else-canada-canadian-human>.
18. Merryfeather L, Bruce A. The invisibility of gender diversity: Understanding transgender and transsexuality in nursing literature. *Nursing Forum* 2014;49(2):110-123.
19. Russell ST, Fish JN. Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology* 2016;12:465-487.
20. Fredriksen-Goldsen KI, Simoni JM, Hyun-Jun Kim H, Lehavot K, Walters KL, Yang J, et al. The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of Orthopsychiatry* 2014;84(6):653-663.
21. Pelton-Sweet L, Sherry A. Coming out through art: A review of art therapy with LGBT clients. *Art Therapy: Journal of the American Art Therapy Association* 2008;25(4):170-176.
22. Pride Calgary Planning Committee. *Calgary Pride Parade 2016* [Internet]. Calgary (AB): Calgary Pride; c2018 [cited 2016 Aug 5]. Available from: <http://www.calgarypride.ca/events/parade-2016/>.
23. Goodyear S. Transgender bathroom debate has students wondering 'what the big deal is' [Internet]. CBC/Radio-Canada; 2016 May 24 [cited 2016 Aug 5]. Available from: <http://www.cbc.ca/news/canada/transgender-school-policies-bathrooms-student-voices-1.3589717>.
24. O'Neil L. Transgender girls now officially welcome to become Girl Guides in Canada [Internet]. CBC/Radio-Canada; 2015 Oct 15, c2018 [cited 2016 Aug 5]. Available from: <http://www.cbc.ca/news/trending/transgender-girls-now-officially-welcome-to-become-girl-guides-in-canada-1.3273129>.
25. The Canadian Press. Degraasi returns with first transgender character [Internet]. CTV News; 2010 July 19, c2018 [cited 2016 Aug 5]. Available from: <https://www.ctvnews.ca/degrassi-returns-with-first-transgender-character-1.533964>. Lindsay D. Wentworth Prison star Socratis Otto discusses playing transgender
26. Maxine and the Caitlyn Jenner effect. [Internet] Available from: <http://metro.co.uk/2015/07/22/exclusive-wentworth-prison-star-socratis-otto-discusses-playing-transgender-maxine-and-the-caitlyn-jenner-effect-5306346/>
27. Talusan M. 25 years of transphobia in comedy [Internet]. BuzzFeed; 2016 Feb 27 [cited 2016 Aug 5]. Available from: https://www.buzzfeed.com/meredithtalusan/25-years-of-transphobia-in-comedies?utm_term=.ltdR3wGE2g#jjrPXDdAa4.
28. Alberta Government. *Guidelines for best practice: Creating learning environments that respect diverse sexual orientations, gender identities and gender expressions* [Internet]. Alberta (CA): The Crown in Right of Alberta c2016 [cited 2016 Aug 5]. Available from: <https://education.alberta.ca/media/1626737/91383-attachment-1-guidelines-final.pdf>.
29. Trans Equality Society of Alberta. *About* [Internet]. Alberta (CA): Trans Equality Society of Alberta; [cited 2016 Aug 5]. Available from: <http://www.thesaonline.org/>.
30. Alberta Health Care. *Bulletin: Alberta Health Care Insurance Plan* [Internet]. Alberta (CA): Government of Alberta; 2012 [updated 2015; cited 2016 Aug 5]. Available from: <http://www.health.alberta.ca/documents/AHCIP-Bulletin-Med-166A-2012.pdf>.
31. Alberta Trans. *Medical transition in Alberta* [Internet]. c2015 [cited 2016 Aug 5]. Available from: <http://albertatrans.org/transition.html>.
32. Sevelius JM, Patouhas E, Keatley JG, Johnson MO. Barriers and facilitators to engagement and retention in care among transgender women living with human immunodeficiency virus. *Annals of Behavioral Medicine* 2014;47(1):5-16.
33. Wood S, Vanhook P, Philipsen N. Health disparities among lesbian, gay, bisexual, and transgender (LGBT) individuals. *Maryland Nurse* 2016;17(3):10-12.
34. Jan JT, Edmiston EK, Ehrenfeld JM. Important considerations for addressing LGBT health care competency. *American Journal of Public Health* 2015;105(11):8.
35. Travers R, Guta A, Flicker S, Larking J, Lo C, McCardell S, et al. Service provider views on issues and needs for lesbian, gay, bisexual, and transgender youth. *The Canadian Journal of Human Sexuality* 2010;19(4):191-198.
36. Kotter JP, Cohen DS. *The Heart of Change: Real-Life Stories of How People Change Their Organizations*. Boston: Harvard Business Review Press; 2002 Aug 1.
37. Bradford J, Reisner S, Honnold J, Xavier J. Experiences of transgender-related discrimination and implications for health: Results from the Virginia transgender health initiative study. *American Journal of Public Health* 2013;103(10):1820-1829.
38. Roller CG, Sedlak C, Burke Draucker C. Navigating the system: How transgender individuals engage in health care services. *Journal of Nursing Scholarship* 2015;47(5):417-424.
39. Hartzell S. *The transformational leader* [Internet]. Study.com; c2003-2008 [cited 2016 Aug 5]. Available from: <http://study.com/academy/lesson/the-transformational-leader.html#transcriptHeader>.