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"If we're not loud, we're not cared for": Empowerment in transgender peoples' healthcare experiences

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"If we're not loud, we're not cared for":
Empowerment in transgender peoples' healthcare experiences

by

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THESIS

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Abstract

Healthcare plays a crucial role in the health and quality of life of transgender (herein trans) people. The experiences people have when accessing healthcare, can have significant effects on future interactions with the healthcare system as well as individual health outcomes. The purpose of this study was to gather insights into trans peoples' positive healthcare experiences and health outcomes through the lens of empowerment. Fifteen interviews with trans men and trans women were drawn from a larger study of trans peoples' experiences of discrimination. Thematic analysis was undertaken to identify key themes in the data. Experiences of empowerment were facilitated by participants themselves (i.e., self-advocacy and self-education) and their environments (e.g., peers, healthcare providers, and the healthcare system). Importantly, individuals had a vital role in shaping their healthcare experiences. Consistent with empowerment theory, participants developed knowledge and skills which they used to gain more autonomy over their healthcare. Findings suggest that empowerment is one explanation for positive experiences, as it improves trans individuals' health and their abilities to navigate the healthcare system.

Keywords: Transgender, Healthcare Experiences, Healthcare Access, Health & Well-being, Empowerment, Empowerment Theory

"If we're not loud, we're not cared for":

Empowerment in transgender peoples' healthcare experiences

Importance of Healthcare

Trans people have a variety of healthcare needs related to high rates of self harm, anxiety, depression, substance use, and eating disorders (Bauer, Scheim, et al., 2015; Budge et al., 2013; Hotton et al., 2013; Nagata et al., 2020), and a high prevalence of chronic diseases compared to cisgender populations (Abramovich et al., 2020; Alzahrani et al., 2019; Stutterheim et al., 2021). Further, trans people have unique needs related to medical processes that are required for those who desire to align their physical sex with their gender identity (i.e., transition) (Blodgett et al., 2017; Collister et al., 2021; Testa et al., 2017).

Given their health needs, it is not surprising that trans people have been found to use health services more than the cisgender population (Abramovich et al., 2020). However, trans people have a harder time accessing healthcare than their cisgender counterparts (Giblon & Bauer, 2017). In Ontario, Bauer et al. (2014) found that 29 percent of trans people were unable to access emergency care when they needed it and 43.9 percent of trans Ontarians reported an unmet healthcare need within the last year (Giblon & Bauer, 2017). Being unable to access healthcare can be directly harmful to trans people's health. For example, inaccessible medical and surgical processes can result in individuals turning to non-prescribed hormone use and self-performed surgeries (de Haan, 2015; Linander et al., 2017; Rotondi et al., 2013). Accessing safe and adequate healthcare is critical for trans people and is shown to improve physical, mental, and social health outcomes (Bauer, Scheim, et al., 2015; Bauer, Zong, et al., 2015; Budge et al., 2013; de Haan, 2015; Javier et al., 2022; Mizock, 2017).

Healthcare Experiences

Researchers have identified systemic and institutional barriers that make it challenging for trans people to access healthcare (Bauer et al., 2009; Bradford & Syed, 2019; Verbeek et al., 2022). Using the concept of 'erasure', Bauer (2009) maintained that cisnormative assumptions contribute to two types of erasure in healthcare (i.e., informational and institutional), which impact trans people's health and healthcare experiences. Informational erasure refers to the dearth of information on trans health that is available to healthcare providers and healthcare policy makers (Bauer et al., 2009). Informational erasure is supported by extensive research demonstrating that providers often lack knowledge about trans specific care (Knight et al., 2014; Lindroth, 2016; Vermeir et al., 2018). A systematic review by Heng et al. (2018) examined trans individuals' experiences with healthcare and found that lack of provider knowledge and education was a recurring theme in 18 of the 20 studies examined. Further, reports of trans individuals having to educate their providers is well documented in the literature (Bauer et al., 2009; Kcomt, 2019). For example, researchers in Waterloo Ontario found that 76% of trans participants reported having to educate four or more healthcare providers (Davis et al., 2019). Another way a lack of provider knowledge impacts trans healthcare is that people are often denied treatment, because providers feel that trans specific care was out of their area of practice (Blodgett et al., 2017).

Institutional erasure presented itself through a lack of existing policies and practices that accommodate trans identities (Bauer, et al, 2009; Boe et al., 2020). Institutional erasure is supported by research demonstrating that there are few providers who serve trans individuals (McIntyre et al., 2011) and trans people often report long wait times in accessing healthcare (Heng et al., 2018). Other research reveals insufficient funding for trans services (Blodgett et al., 2017). The few providers who exclusively serve trans clients often experience burnout from their workload (McIntyre et al., 2011), which in turn impacts providers' ability to provide high quality care.

The relationship trans people have with their healthcare providers plays an important role in shaping their healthcare experiences and health outcomes (Hudson, 2019). Negative experiences with providers are frequently reported for trans people and can lead to poor health (Bauer, Zong, et al., 2015; Heng et al., 2018; Lerner & Robles, 2017). Trans people experience discrimination from providers, who physically and verbally abuse them, and refuse to use their preferred pronouns (Davis et al., 2019; Grant et al., 2010; White Hughto et al., 2015). Discrimination, both experienced and anticipated, discourages trans people from seeking healthcare (Baldwin et al., 2018). Avoidance of necessary care is common for trans people and perpetuates negative health outcomes (Bauer et al., 2014; Blodgett et al., 2017; Thompson-Blum et al., 2021; Vermeir et al., 2018).

Most studies in trans healthcare have focused on negative healthcare experiences and health outcomes including four systematic reviews (Heng et al., 2018; Kcomt, 2019; Lerner & Robles, 2017; Velasco et al., 2022). However, trans people have also reported positive experiences in healthcare, and these positive experiences remain far less examined (Ingraham et al., 2022; Ross et al., 2016). Studies in trans health and the wider health literature suggest that patients with positive healthcare experiences have better health outcomes (Anderson et al., 2020; Bauer, Scheim, et al., 2015; Bauer, Zong, et al., 2015).

Trans people define healthcare experiences as positive when providers are perceived as knowledgeable, empathetic, respectful, and normalizing of trans identities (Abreu et al., 2022; Eisenberg et al., 2020; Heng et al., 2018; Makhoul et al., 2022). Trans people report appreciating when their providers help them to find loopholes when faced with systemic barriers that may otherwise prevent them from accessing care (e.g., medical insurance claims) (Lindroth, 2016; Roller et al., 2015). Trans patients perceive their experience as positive when they feel they have a role in their healthcare and healthcare decisions (Heng et al., 2018). This is congruent with research demonstrating that agency (i.e., knowledge that one has control over their experiences) and autonomy (i.e., being recognized as having a right to agency) are important to trans patients in their relationships with providers (Blodgett et al., 2017). Other research found that independence was one characteristic that help trans individuals to navigate the healthcare system and have positive experiences (Ross et al., 2016). Additionally, one study showed that trans people had positive experiences when providers empowered patients to be agents in their healthcare (Goldfarb, 2020). Patient characteristics that facilitated positive healthcare experiences included patient self-advocacy and patient connectedness with other trans people (Goldfarb, 2020).

Social support is also important for positive healthcare experiences and health outcomes (Bauer, Scheim, et al., 2015; Blodgett et al., 2017; Lacombe-Duncan et al., 2021; Sevelius et al., 2021). A case study in Ontario by Ross et al. (2016) focused on exploring trans peoples positive healthcare experiences; external support (i.e., guidance and encouragement) from other trans individuals played a crucial role in individuals' reported positive healthcare experiences (Ross et al., 2016). Support from others included providing mentorship and sharing their experiences to provide health-related information and advice.

Empowerment

Referring to control over one's own life and access to resources (Rappaport, 1981; Riger, 1993), empowerment is a theoretical concept used to inform interventions and promote social justice (Riemer et al., 2020). In turn, empowerment involves obtaining, producing, or enabling power (Riemer et al., 2020). Maton (2008) defined empowerment as a "participatory, developmental process through which marginalized or oppressed individuals gain greater control over their lives and environment, acquire valued resources and basic rights, and achieve important life goals and reduce societal marginalization" (p. 5).

An ecological approach considers empowerment at multiple levels (individual, community, organizational, and societal) (Keys et al., 2017). Empowerment at some levels can influence empowerment at other levels. Zimmerman and Eisman (2017) defined individual empowerment as a three-part process involving "a sense of control, critical awareness of one's environment, and efforts to accomplish goals and affect outcomes." (Keys et al., 2017, p. 213). Individual empowerment has also been defined as "the process by which people become aware of power dynamics, develop skills for gaining control, exercise control, and support the empowerment of others" (McWhirter, 1991, as cited in Keys, et al., 2017, p. 213). Community empowerment is a process by which communities develop control over the structures, forces, and decisions that influence the lives and experiences of community members. Organizational empowerment involves the ways organizations support the empowerment of others (Peterson & Zimmerman, 2004). Finally, empowerment at the societal level involves the policies and practices of a society that distribute resources equitably as well as effectively (Keys et al., 2017).

Evidence of empowerment surfaced in a meta analysis of 20 studies that was used to understand trans peoples' perspectives and experiences of general healthcare (Heng et al., 2018). In response to transphobia and cisnormativity[1], trans people either responded with tolerance or self-empowerment. Tolerance was identified when trans people reported lowering their

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[1] Cisnormativity is the dominant belief in society that all people are cisgender, and all people should be cisgender (Bauer et al., 2009; Bradford & Syed, 2019).

expectations for care, made sacrifices to receive care, educated providers, put up with wait times, and concealed their identity when accessing non-trans related care. Self-empowerment was identified when participants described self-advocacy, adopting responsibility for their healthcare, self-education, networking with others in the community, demanding better care, and leaving a provider to find one that could meet their needs (Heng et al., 2018).

Purpose

To improve trans peoples' access to healthcare, researchers have identified issues within larger systems and structures (e.g., healthcare policies, cisnormativity) and power arrangements (e.g., provider practices) (Linander et al., 2017; Taylor, 2013). Most of the research on trans peoples' experiences in healthcare has been deficits-based, focusing on access barriers and negative healthcare experiences (Crissman & Stroumsa, 2020; Renner et al., 2021; Velasco et al., 2022). While this approach is extremely important, it excludes personal agency and the control individuals' have in shaping their healthcare experiences. The meta analysis by Heng et al. (2018) points to empowerment as an important aspect of trans people's access to healthcare, however it was not clear how trans people experienced empowerment in healthcare, and how they take power back from more powerful structures (i.e., healthcare system) and people (i.e., healthcare providers). Thus, the objective driving this research is to explore how empowerment manifests in trans peoples' healthcare experiences.

Methods

The data for this study were collected in the context of a larger qualitative study, "Transgender Experiences of Violence and Discrimination in Waterloo Region" (Coleman et al., 2020), which focussed on healthcare, community, and employment experiences. This paper focused on data related to healthcare experiences.

Participants

In the larger study, participants were eligible to participate if they identified as trans men, trans women, or nonbinary, and were at least 16 years of age and living, working, or going to school in Waterloo Region. Waterloo Region is a mid-sized urban and rural area with a population of 600,000 people, located approximately100 km west of Toronto, Canada's largest city. The larger study included 33 participants, with 32 of these individuals answering questions specific to healthcare experiences. Twenty-one of the 32 identified as binary trans people (i.e., trans men and trans women). The present study was particularly interested in individuals' experiences of empowerment while navigating the process of their gender affirming medical treatments. Therefore, interviews with non-binary participants were excluded from the analysis. Of the 21 binary trans people, 15 were selected because of their focus on healthcare experiences; they constitute the final sample for this paper.

Recruitment

Participants were recruited via social media postings (e.g., Facebook) and partnering with local LGBTQ community organizations (e.g., SPECTRUM: Waterloo Region's Rainbow Community Space, and other member organizations of the Waterloo Region Rainbow Community Council). Participants were directed to a Qualtrics eligibility/screening survey to collect demographic and contact information. This survey included a consent form. The purpose of this survey was to capture participant diversity regarding age, ethnoracial identity, and gender identity. People who were eligible for the larger study were contacted to arrange an interview. These people were given a letter of information and consent form; this consent form gave permission to use participants' demographic data from the screening survey and interviews.

Interviews

Data were collected via interviews which followed a semi-structured format (Stringer, 2014). Interviews were conducted by trained social science graduate students at Wilfrid Laurier University. Interview questions focussed on participants' experiences in three domains: healthcare, community, and employment. Participants chose which of these domains to focus on in their interview. The healthcare domain was the focus of this paper and included questions such as: (1) Have you had any experiences of feeling empowered or strong with regard to your healthcare? If so, what made you feel that way? (2) Could you pick one experience that stands out to you the most, positive or negative, and tell me about it more in depth? (3) What has helped you overcome negative experiences with healthcare, if you've had any? (4) Did you ever take action or advocate for yourself or others in healthcare? See Appendix for the complete set of healthcare questions from the interview guide. All interviews were recorded on digital audio recorders and participants received a $30 gift card for their time.

Data Analysis

Interviews were transcribed by a professional transcription company. Identifying information was anonymized by assigning participants identification numbers. Data were then coded in preparation for thematic analysis as outlined by Braun and Clarke (2006). To begin, a coding framework was designed by reading through the existing literature and becoming familiar with the interview transcripts. Data were then coded in QSR-International NVIVO (Version 12) software to identify recurring themes, phrases, and ideas until saturation was reached (Saunders et al., 2018). Codes were then collapsed to identify broader themes in the data. To establish rigour and trustworthiness of the data, strategies from Lincoln and Guba (1985) were employed.

The strategies used were reflective commentary, iterative questioning, and team discussion about codes (Lincoln & Guba, 1985).

Results

Sample Characteristics

The 15 participants included eight trans women ranging in age from 23 to 61 years and seven trans men aged 17 to 45 years. Almost all participants identified as white or non-racialized with one participant identifying as Asian. See Table 1 for complete sample characteristics.

Qualitative Themes

A thematic framework emerged from the coding process and revealed five mechanisms that contribute to empowerment in trans peoples' healthcare experiences (Fig. 1): (1) autonomy; (2) self-advocacy; (3) self-education; (4) peers[2]; and (5) transformation.

Autonomy was central to experiences of empowerment. Both participants and the contexts of their environments contributed to shaping experiences of autonomy. Healthcare providers were one aspect of the environment whose role either inhibited or supported participants autonomy. Participants engaged in autonomy when they advocated for themselves. Self-education was another way participants used autonomy. In addition, self-education equipped participants to be strong advocates. One of the major sources of information about health were peers who provided resources and strategies that helped participants advocate for themselves. Peers also provided support, affirmation, validation, and motivation. The final theme involved transformation. Participants were able to experience transformation through the mechanisms described above. This transformation was characterized by an increasing ability to navigate healthcare and improvements in health and well-being.

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[2] Peer refers to another trans person who is either a friend or shares lived experienced with the individual.

Table 1. Sample Characteristics

Characteristic	Trans Men (total *n*=7)	Trans Women (total *n*=8)
Age		
17-29	5	2
30-39	2	2
40-61	0	4
Home community		
Waterloo, Ontario	**7**	8
Ethnicity		
White	6	8
Asian	1	0

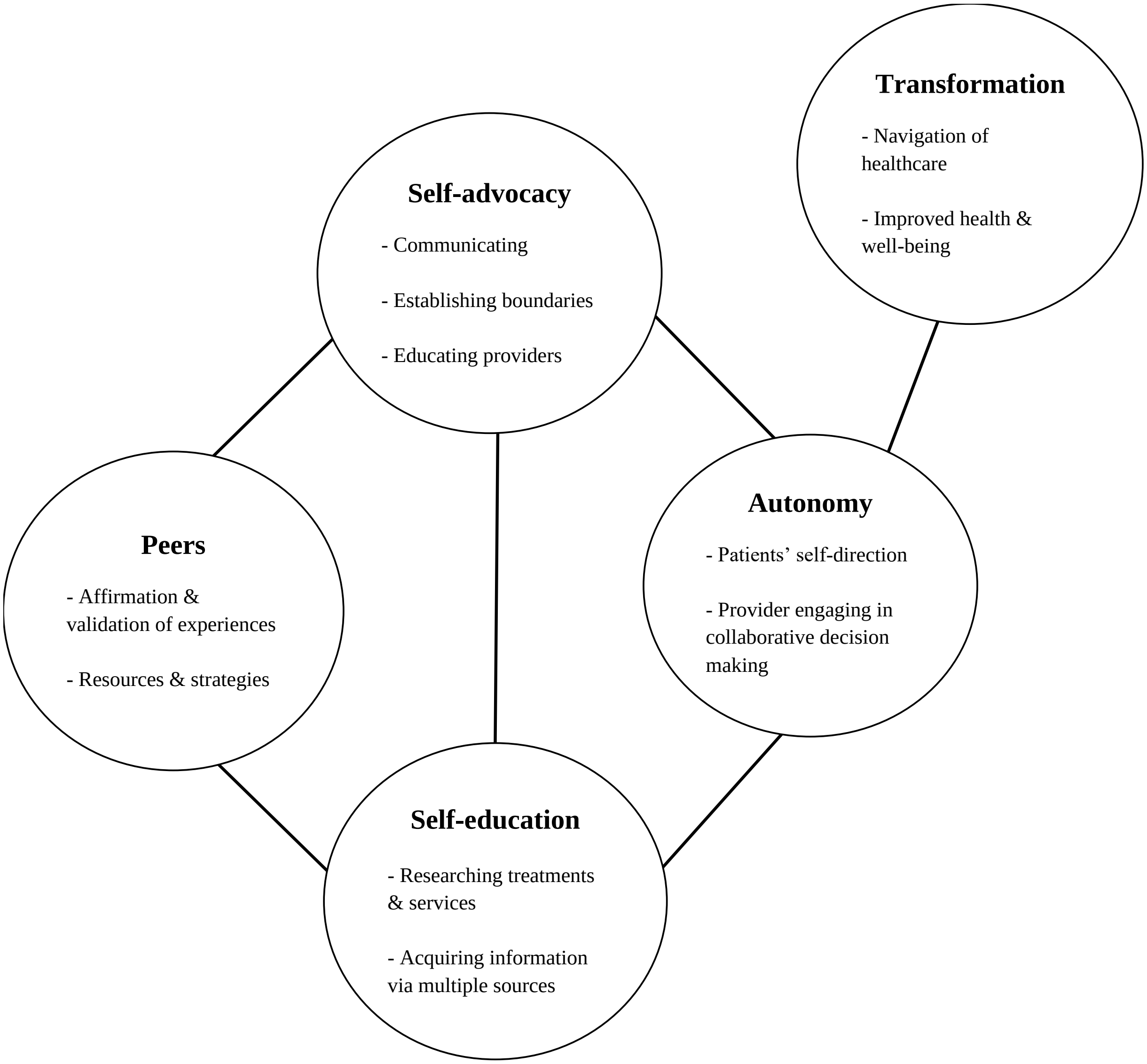

Fig. 1 Mechanisms contributing to trans peoples' empowerment in healthcare

Autonomy

Having autonomous control over one's healthcare was an important contributor to empowerment. Participants exerted control by making decisions concerning their own healthcare. One spoke of having control over her medication dosage for hormone therapy.

> Very recently I felt empowered by the doctor that I see at [the health clinic] who I guess gives me the power to control my transition… I made a request to actually decrease one of my hormones which I think he was a bit taken aback and just said oh, that's not very usual but I guess his attitude is very much 'your transition is your transition'… I felt very empowered by his reaction of kind of you get to decide what your transition is and what medications you're on. –P17 (trans woman, 26)

This participant also mentioned having control over which medication she took. Her doctor gave her information about the medication and let her make her own choice about using it.

> I ended up switching from one medication to another one… that wasn't his initial recommendation and did have some side-effects that he had warned me about. But even so he was still just like well… you know all the possible side-effects are but obviously this is your transition so you get to choose which it is. So even though it wasn't what he recommended he still was very supportive of me in doing that. And that was very empowering. –P17 (trans woman, 26)

In some cases, participants had their autonomy challenged. A doctor questioned whether one participant could even make the decision to start hormone replacement therapy.

> At first, she wasn't very open to the idea at all. And she said that hormone replacement therapy sounds very risky – that me as a young person probably shouldn't be doing it or something. That was weird to me because I was 19 at the time… It just seems a bit

> strange that people would think that was so young to not have autonomy over what kind of physical stuff when it comes [to their own healthcare]. –P22 (trans man, 21)

Some participants reported no opportunity to make decisions about their healthcare because of the power dynamic inherent in the patient-provider relationship.

> I mean, that's the unfortunate thing for trans people is that really the pathway to transitioning is not an empowering one. You don't like get a lot of choices in it. You get told what to do and what to be prescribed and shit. As much as I love [doctor's name], he doesn't really ask me where I want this to go. He doesn't ask me like, he kind of just runs his thing, which is fine. That's kind of what a doctor does. I find that medical in general, whether you're trans or not is very not empowering because it's a very power dynamic thing. –P15 (trans woman, 23)

One participant maintained that doctors' expertise should not negate patients' involvement in their own healthcare.

> I really believe that like patient advocacy and patient involvement in our own healthcare is important. Doctors are great with their knowledge base but patient's still have a lot to offer as well. I don't feel like the doctor-patient relationship should just be the medical professional telling the patient what to do and then the patient goes home and they're like whatever my doctor knows what's best for me. –P05 (trans man, 21)

Power Sharing

There was evidence of some change in the power dynamic between patients and their healthcare providers. For example, one participant said that doctors sometimes show their vulnerability and interact with patients "as people" and as members of a team.

> There's a power dynamic right, and I think that's shifting as well too because if you look at 100 years ago, who was the person in the community that knew the most, it was the doctor, who do you trust the most, the doctor… and I think that veil is has been coming down and so, our doctors as a demographic of people humbling themselves and being able to be people and interacting with people as people instead of having this power dynamic, and that opens up some vulnerability for, the doctor the nurse or whatever that they can get onto a level with the patient and work together with the patient as a team… if you can have that vulnerability with your doctor because your doctor or you nurse also shows that vulnerability as well, then you can come together more as a collaborative team in your own health care. –P08 (trans man, 35)

Others also described working with their healthcare providers as a team member or partner in their care. For this participant, feeling in control and feeling like a partner in her healthcare when there was a relationship built on consent, was important.

> It was just such a good experience overall. And part of it is just modern care by doctors in that they are more concerned about consent and things like that so they are more likely to take their time to ask you about anything they're about to do kind of thing. And that's a good feeling, to feel fully in control of the medical process is big a part of making it less stressful right. If you feel like you are partner in your medical care, it's a lot better than feeling like you're the subject of medical care, right. –P01 (trans woman, 53)

In some cases, when participants' self-directed care was supported, they described having positive experiences with their providers despite their provider lacking knowledge about trans healthcare.

> Generally, it's been positive. It's been good. I had a doctor who I'd had for a long time, like a GP, who I eventually came out to, and he was there at the beginning of my transition process and referred me to my first endocrinologist. He was very good, very supportive, didn't know a huge amount, but was certainly willing to support me in whatever I wanted to do or provide me with letters I needed when I needed them… so I've never had any issues with my GP. –P09 (trans woman, 61)

Self-Advocacy

One-way participants took control of their healthcare was through self-advocacy, which took several forms. This participant described how he took control over situations with providers when he felt scared or anxious.

> I've had that situation in my past where I've been scared and I've been anxious and me as a personality just because of who I am often times what happens when I get scared or anxious I just get angry and then if I get angry then I just get "well this is the way it fucking is and this is what you're gonna do" right so then I end up because I take control over the situation because that's how I deal with my anxiety and my scared kind of feelings. –P08 (trans man, 35)

For others, communicating their needs to their provider, was important.

> To legally change my name… I needed a letter from him. I basically said, 'Here's what I need written on the letter. Can you type this up and print it up and sign it for me?'. He's like, 'Yes, here you go'. –P24 (trans woman, 45)

Some had to regularly follow up with providers to get what they needed. One reported "bugging" his doctor until she finally gave him a referral to mental health services.

> I think maybe it's because I kept bugging her about it. She actually finally referred me.

> –P22 (trans man, 21)

Others advocated to have their preferred name and pronouns used.

> I've had to fight labs and ERs and stuff that I – like, No, this is my pronoun, this is what I prefer to be called. Please don't call me by my legal name is not the name I prefer to be called by. –P11 (trans man, 21)

One participant established boundaries with providers when asked questions that he felt to be invasive or irrelevant to the medical issue for which he was seeking care.

> One time a doctor asked: 'So why are you taking this [testosterone]?' I was, like: 'It's medically necessary'… You know, like 'it has nothing to do with why I came in, so we're not going to talk about it… I don't have to give you these answers. –P25 (trans man, 28)

The same participant described feeling empowered in healthcare when he rebuked providers for being inappropriate.

> Just mostly [feeling empowered] when I can tell people off for doing things that are not appropriate or just, like being older I have – I give no shits about people and if I'm going to offend them by telling them not to do something that's not appropriate –P25 (trans man, 28)

Participants also advocated for themselves through educating their healthcare providers about trans healthcare concerns. One individual learned about a resource for prescribing gender-affirming hormones at a trans health conference and then passed this resource on to her healthcare provider.

> Last year I attended a trans health conference here in town, which was really great and (inhales) while I was there, I met somebody from [community organization] and she was

> telling that they had an online resource to help GP's prescribe hormones. And I thought oh that's good, so I took that to my GP and she was interested. –P01 (trans woman, 53)

Self-Education

Participants prepared themselves for medical appointments by acquiring information about gender affirming care issues.

> Lots of my friends had to research how hormones work in order to get hormones so they can educate their doctor… I also found information about medical procedures and stuff like that through Reddit… I learned what SRS like entails, what voice surgery is, what hormones do. I got a lot from Reddit. I wanted to really research what hormones do before I did them. I feel like I'm low key an expert on that now. And I really wanting to know, because I didn't have trust that the professionals providing my care were going to know well. So I wanted to know all my risks. I wanted to know what was going to happen. –P15 (trans woman, 23)

This participant found information about hormone replacement therapy from a community health organization, which she used to advocate for her desired care.

> I think it's [community health organization], there's a very good document for the medical transition side of things like for HRT. It didn't take too long to find this document, which I was able to use as a basis for my advocating for myself for the different medicine for estrogen. –P24 (trans woman, 45)

Another explained that educating herself led to improved communication with providers about what she needed and wanted in her care.

> I've educated myself quite well, I've read scientific studies, I've sought after validation and in so doing now I can have these conversations with healthcare providers because a

> lot of times I get push back unless I can prove to them that I know what I'm talking about. –P07 (trans woman, 32)

As illustrated above, participants used several sources of information to self-educate (e.g., online platforms, community organizations, and research databases). However, information on health and healthcare was most frequently acquired by seeking out trans peers in the community via social media platforms and community organizations.

> I'll communicate with them [trans friends] through Facebook, text, email. I have started joining a lot more trans groups just to educate myself… I've been learning by going on the internet and reading about what other people are saying, and I'm finding out things that are helping me in that area. There isn't a lot of good information in the hands of medical professionals in terms of some of the challenges you're going to face medically, sexually, that sort of thing. –P09 (trans woman, 61)

Peers

All participants mentioned that other trans people (i.e., peers) were a crucial part of the empowerment process. In many cases, those who had accessed care were able to provide direction to others who were earlier on in their transition-related healthcare.

> It angered me after the fact, that I could have gone a simpler route, but it is what it is. Now, I know, when people ask, I've been told I need to get a psychological assessment, I say no, you don't. You can do informed consent. So, people within the group can benefit from the failure that I went through. –P09 (trans woman, 61)

Some accompanied each other to medical appointments to improve access.

> "I actually took my other trans friend there [pharmacy] when he was getting hormones just because I know they're so good with that [being trans friendly]. And they even

> treated him amazingly. They saw the testosterone, the prescription, and they interacted with him like a male. –P15 (trans woman, 23)

Resources & Strategies

When accessing healthcare, almost all participants mentioned giving or receiving resources with peers.

> I've got a few people, fellow trans people that I can talk to when I need a little bit of encouraging words, or they have a lot of resources that they've referred to as well. –P09 (trans woman, 61)

One participant shared community resources with her peers to improve providers' competency in providing care.

> I know a few people who their healthcare providers haven't been maybe as prepared in giving them the support they need… in a couple of cases I've shared some standard health practices that are prepared by organizations that work a lot with the trans community that can be kind of a guideline for doctors in terms of safe hormones levels and might give them more confidence in treating. –P17 (trans woman, 26)

Information about trans health was also shared through word of mouth among trans peers. Most participants spoke specifically about transition-related care.

> I'm able to help answer those questions as far as different procedures, I've been able to provide useful information on coverage [OHIP] that people didn't know. –P14 (trans woman, 45)

Trans people also helped each other find trans-friendly healthcare providers and services.

> I had several people tell me about this specific doctor and explaining how they had really good experiences with her and that's how I knew I could trust this person… We have to

> figure out from other people first, if these are safe people… There's a large degree of gambling at play for the people who are getting this information firsthand… I get a lot of questions about healthcare and who are good doctors because people don't feel safe going and finding out for themselves. –P05 (trans man, 21)

> I have a trans friend who sees a physician. And she let me know that they had openings, like they were accepting new patients. And I basically went in and registered and that's pretty much how I found them. –P11 (trans man, 21)

Several strategies were passed between trans people. One reported something he learned from another trans person to help decrease being misgendered when accessing care.

> I remember I went in to one of the blood work places. And basically what happened… you know how they ask you for your health card? I have a sticky note that I attach with my pronouns and my preferred name. I always stick it right to it because I'm like here read this. –P11 (trans man, 21)

Self-advocacy strategies circulated among trans people in the community and were described as essential for accessing care.

> There's been strategies passed on with trans people in our community that say well these are sometimes the things we have to do, we have to continuously reach out and call and pester and inundate their email box with multiple requests, because if we don't, if we're not loud, we're not cared for –P05 (trans man, 21)

Similar Experiences

Knowing that other people had similar experiences in accessing healthcare, invoked feelings of support among a majority of participants.

> I've had good experiences with trans support groups and whatnot where you get to meet new people who are similar to you. And also it's a safe space to share your struggles with certain issues. They tend to be very understanding environments. –P22 (trans man, 21)

Sharing similar experiences with peers was very affirming for this participant.

> They [community organization] have a transgender support group. That's where I first started going to find out more about transitioning… it was really affirming to have so many people that went through the same situation. –P14 (trans woman, 45)

Individuals who were not trans could not provide support in the same ways. One participant compared the support he received from his trans friends to cisgender friends.

> I have a lot of cis friends, I find they'll try to be supportive, but there's only so much they can talk to you about. Whereas if you have trans friends… they know a lot of times what you're going through. Because they have had a lot of similar experiences. So you can go to them about it so then they're like, 'Oh well this happened to me. Here's a suggestion, this is how I dealt with it'. Or they'll refer you to someone. –P11 (trans man, 21)

Representation

Seeing trans peers and transness portrayed in a positive way was a source of empowerment. Participants spoke of the importance of being exposed to other trans people and their stories of success, both fictional and non-fictional, in media, books, and community[3]. Several participants had access to portrayals of trans peers through social media. One participant described the "pivotal moment" in starting their transition, after seeing a before-and-after picture of another trans person's physical transition. The participant saw that someone who resembled her body type pre-transition was able to achieve a physical transformation that she herself

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[3] While this paper is about healthcare access, trans people spoke beyond the healthcare settings in the interviews.

desired. As a result, she gained confidence that her transition could have a satisfying outcome and began her own physical transition.

> You know Reddit was the first place that uh I met someone who gave me the courage to actually pull the trigger and actually start transitioning. I found someone online who had posted their pre-transition photo and then thirteen months into transition had posted an update and they had a very similar body type to me and uh I figured you know if she can do it clearly I can too because whatever she did got her to look this way and this was a desired presentation for me… she was the person who was the pivotal moment for making me feel like you know I could actually do this and it wasn't the I can transition, it's the I can pass, or I can effectively transition –P07 (trans woman, 32)

Representation in fiction can also be important. One participant described two books she read about a trans superhero. The participant felt inspired by the powerful story of a trans person flighting back and reported that after reading these books she felt proud to be trans for the first time in her life.

> This year, was the first time in 27 years that I said I was proud to be trans. And it was reading… Dreadnought and Sovereign by April Daniels. She's a writer, a trans writer on the west coast of the USA and she wrote a book with a trans girl as the hero… And this trans girl happens to be there when the great superhero of their day gets wounded right in front of her and the power passes to her. And as a result of the power passing to her… she gets the body she wanted right. The power that she gets from the thing basically makes her the perfect version of herself. Well the perfect version of herself is a woman, so that's what the power gave her and then she's got people that are trying to take the power away

> from her because they're TERFs [4]… and she has to fight back against them because she knows that if they take away the power, they take away her body. And that means she is stuck again, and she refuses to go back right. Just as simple as that and fights nearly to the death to keep it and it was that book, it was the first time I had ever… read a book with a trans protagonist… It's just a good, feel-good let's beat up the TERFs kind of feeling you know… it made a huge difference in my life… in terms of just making it ok for me to be me –P01 (trans woman, 53)

Transformation

Transformation occurred on an ongoing basis through participants navigation of the healthcare system and through experiences of autonomy/self-direction, self-advocacy, self-education, and peers. One participant explained that with more healthcare experiences and more self-education she became more confident in navigating her healthcare.

> I think the empowerment comes through having more and more experiences, and you start to develop a confidence in your own healthcare. It's… some of it's been reading and learning what is the right path, and I don't think I did enough of that before I started. I knew it was the right path for me, but I didn't do enough reading on the specifics, so knowing the right amounts of medication and whatnot, that was still a bit of an unknown to me, but over time through talking to people in the group, and hearing about their experiences and comparing them to mine, I started learning that I needed to inform myself more on the specifics of the HRT regimen to get it more to where it needs to be for me in my own journey. –P09 (trans woman, 61)

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[4] TERFs (i.e., trans-exclusionary radical feminist) was coined in 2008 by Viv Smythe and refers to an advocate of radical feminism that excludes trans women and is hostile to their inclusion in the feminist movement.

Processes & Outcomes

In many cases, empowerment processes were reinforcing of empowerment outcomes and vice versa (Riemer et al., 2020). For example, autonomy was a process of empowerment that reinforced individuals' ability to navigate healthcare, which created more autonomous patients.

> I've had particular experiences where I've had to navigate that very closely and so now I feel like I have more resilience to have self-directed care… now when I have other healthcare needs, I just manage the healthcare system in those ways. –P08 (trans man, 35)

Several participants developed self-advocacy skills through accessing healthcare. One shared how his mother advocated for him when he was younger. In so doing, she enabled him to learn and employ self-advocacy skills to get what he needed for himself as an adult.

> I guess just that like my sense of advocacy has had to change a lot starting from seventeen years old onwards. When I was younger, I needed a lot more advocacy from other people to really help me because like they don't teach you how to do that in school, they don't prepare you to be dealing with really difficult situations like this. It's had to look like others advocating on my behalf and it's usually my mom, she's a very big champion. My thoughts and feelings on her are like mixed but you know she's super great otherwise but over time I've slowly developed those advocacy skills for myself sort of out of necessity and just passion I guess just being like uh you know what this isn't ok actually. Yeah I just kind of over time had to realize I can't keep letting myself get pushed over. –P05 (trans man, 21)

Health & Well-being

Having access to healthcare improved individuals' health and well-being. One participant noted going to the doctor less often as a result.

> Here's an amazing fact as well that just comes to my mind is that ever since I've started transitioning, I've been a lot less stressed. Less stress means healthier to a lot of people, probably to majority of people. I've been so much healthier now that I've started transitioning than I was before. In the three, four years as I was starting to get miserable and stressed and just hated my life, I was sick three, four or five times a year. I have been sick once, maybe twice since I'd be back in Waterloo. So because of my general stress levels being down a lot more, the sick levels are down a lot more and because of that, the doctor visit levels are down a lot more." –P24 (trans woman, 45)

Many participants also reported drastic improvements in their mental health because of accessing transition related healthcare.

> Just like just a cloud had moved from above me. And like, it's like hormones were a prison for me. Like testosterone was a prison for me. I didn't realize how much I hated testosterone until I didn't have it in my body anymore. It was insane. Like over two weeks of taking hormones, I was a different person. I was happier all the time. –P15 (trans woman, 23)

> To me, transition means – within my personal experience it was going from a very dark place in my life to a very bright place. And before I came out, I was very introverted and sad and I didn't want to leave my room because I was afraid and I was scared and when I came out and I started transitioning I felt like everything just got brighter in life for me. And I just felt, like, more happy, which brought more opportunities for me. –P19 (trans man, 17)

Participants maintained that improvements in their health in one way improved other areas of their health. One described improvements in mental health after transitioning, resulting in better health practices.

> Before that I was kind of in a state of depression where I just didn't care too much about my health and transitioning has kind of given me a new drive to take care of myself better and to just make sure that everything as far as health wise goes is squared away. –P14 (trans woman, 45)

Discussion

Research in healthcare with trans people has focused on negative experiences, and poor health outcomes (Lerner & Robles, 2017). Fewer studies have focused on positive experiences (Heng et al., 2018; Ingraham et al., 2022; Ross et al., 2016), despite research linking them to superior health outcomes (Anderson et al., 2020; Bauer, Scheim, et al., 2015; Bauer, Zong, et al., 2015). In the present study, almost all participants reported more positive compared to negative experiences. In some cases, individuals' exclusively chose to discuss positive healthcare experiences, and evidence of empowerment was present in their narratives.

In the present study, empowerment involved autonomy whereby individuals had some level of control over their healthcare. Participants demonstrated autonomy through self-direction and in making decisions about their own care. For example, participants decided whether they wanted to take a particular type of HRT medication. This is consistent with studies showing that this kind of control in decision making is important in trans peoples' positive healthcare experiences (Blodgett et al., 2017; Hudson, 2019; Riggs et al., 2014; Westerbotn et al., 2017) and in developing a sense of empowerment (Hoffkling et al., 2017; Sipsma et al., 2013).

Autonomy, such as decision making, was at times supported or hindered by healthcare providers. Trans individuals in previous studies have discussed the power dynamic inherent to the patient-provider relationship (Bauer, Zong, et al., 2015; Linander et al., 2017; Lindroth, 2016; Taylor, 2013). From an empowerment perspective, participants' awareness of the control providers had over their healthcare is congruent with the idea that empowerment involves becoming aware of power dynamics and acting upon them (McWhirter, 1991, as cited in Keys, et al., 2017, p. 213).

Participants had less opportunity for autonomy when healthcare providers were solely in charge of their healthcare decisions and directions. Other theorists posit that the biomedical model puts providers in a role of authority and leadership, giving them autocratic power over patients' healthcare (MacKinnon, 2018). In contrast, individuals had more opportunities for autonomy when healthcare providers shared power, working with their patients as team members. This involved collaboration and allowing patients to be the governing voice in decisions concerning their healthcare. Power sharing is congruent with research in trans health suggesting that supporting patients self-directed goals is important for positive healthcare experiences (Lightfoot et al., 2021). Power sharing is also an important consideration in the wider literature on patient-centered care demonstrating that increased patient autonomy improves health (Delaney, 2018; Mapes et al., 2020).

In the present study, some participants had been denied transition-related healthcare because their provider questioned whether they were capable of making such a decision. Trusting trans patients to make decisions about their bodies, however, is an important component of autonomy that results in positive healthcare experiences (Blodgett et al., 2017).

Congruent with past research, this study found that empowerment in healthcare involved developing and exhibiting self-advocacy skills (Heng et al., 2018). Other research suggests that self-advocacy allows trans people to navigate healthcare and improve their healthcare access (Makhoul et al., 2022; Strauss et al., 2021). In the present study, by taking control of their healthcare, participants created positive healthcare experiences and improved their healthcare. They self-advocated by enforcing healthcare providers use of their preferred name and pronouns. This is congruent with research demonstrating that participants become active agents in the face of discrimination by asserting their identity; “Excuse me, but no! You’ll either call me lady or don’t call me at all. I mean, if you hold your ground and specify how you want them to treat you, they’ll respect you” (Abreu et al., 2022) (p. 9). In the present study, participants advocacy for their name and pronouns may have been one way participants created gender-affirming healthcare experiences, which has been shown to be important for positive healthcare experiences and better health outcomes (Lightfoot et al., 2021; Meyer et al., 2020).

Another way participants self-advocated was through educating their healthcare providers. Similarly, other research found that educating providers was one way trans patients self-advocated and improved their access to healthcare (Strauss et al., 2021). Further, in the present study, educating healthcare providers allowed opportunities for trans patients to resist the erasure of trans identities so prevalent in healthcare. Such erasure contributes to and reinforces a lack of provider knowledge, which can result in inadequate healthcare and even refusal of healthcare (Blodgett et al., 2017). In the present study, empowerment involved characteristics laid out by McWhirter (1991, as cited in Keys, et al., 2017, p. 213). Such as developing skills (i.e., self-advocacy) for gaining control, exercising that control, and reducing societal marginalization (i.e., the effects of erasure in healthcare).

Self-education equipped participants to navigate their healthcare and access resources. For example, they taught themselves about treatment options which helped them to identify the direction of their desired care, find health services, and communicate their needs to healthcare providers. Self-education may have also played a role in how patients took power from providers. One participant explained that self-education helped her get what she needed when there was “push back” from providers. Other research has found that healthcare providers only allowed access to medical transition if patients proved they were knowledgeable about the process (Blodgett et al., 2017). Additionally, providers may reinforce and reestablish their authority through exhibiting their superior knowledge while doubting the patients’ knowledge (Bauer, Zong, et al., 2015; Linander et al., 2017). This is consistent with research outside of trans health demonstrating that increasing knowledge is empowering and can improve individuals’ healthcare access and health outcomes (Wippold & Roncoroni, 2020).

Participants in this study experienced empowerment in healthcare through their relationships with trans peers. Such informal support is a source of empowerment for trans people when navigating healthcare (Blodgett et al., 2017). Participants supported each other by sharing both experiences and information (e.g., resources and strategies), supporting the notion that empowerment involves supporting the empowerment of others (McWhirter, 1991, as cited in Keys, et al., 2017, p. 213).

Empowerment emerged through participant experiences as an ongoing process of transformation. Participants developed mechanisms of empowerment throughout the process of navigating healthcare and the process of navigating healthcare was empowering. For example, autonomy via self-advocacy was a process of empowerment that increased individuals’ ability to navigate healthcare, which created more autonomous patients. This finding is congruent with the idea that more empowerment processes result in more empowerment outcomes and vice versa (Riemer et al., 2020).

The present study provides one example of Maton's (2008) empowerment theory in the context of trans peoples' healthcare. Maton defined empowerment as a participatory process, and in this study, empowerment was indeed participatory because individuals were autonomous agents in their healthcare. According to Maton, this kind of autonomous process involves individuals obtaining more control over their lives and environment, acquiring valued resources and basic rights. In the present study, participants autonomous action involved self-educating and self-advocating to take control of the healthcare environment by improving their access to healthcare (i.e., a valued resource and basic right). Importantly, Maton stated that this active process involves achieving important life goals and reducing societal marginalization. In this study participants worked to achieve their healthcare goals, including transition, which improved their health and well-being. This finding is consistent with research demonstrating that transitioning improves health and well-being (Javier et al., 2022).

Few studies have considered empowerment as a process that involves contributions from patients. Instead, most studies have tended to consider the role of the healthcare environment in shaping individuals' healthcare experiences (e.g., cisnormativity, healthcare provider practices), or in focusing on how providers can promote empowerment (Hoffkling et al., 2017). However, the present study found that through autonomous action individuals also played a role in shaping their healthcare experiences through empowerment. For example, one participant described setting boundaries by re-directing the conversation with his provider when asked questions about his trans identity that were not relevant to his care. In another study, patients didn't disclose their gender-identity to providers (i.e., when it wasn't relevant) to prevent over attribution of health concerns to their trans identity (Friley & Venetis, 2022).

Self-determination theory (Deci & Ryan, 1985) may be one way to further understand how trans people experience empowerment in healthcare. This theory states that people become self-determined and remain persistent in their behaviours when their needs for competence (sense of being able to act and bring about desired outcomes), relatedness (feeling connected and belonging with others), and autonomy (feeling one has a choice) are satisfied (Deci & Ryan, 1985).

Self-determination theory could provide insight into the role of peers in healthcare empowerment. Peers may influence individuals' autonomous and persistent behaviour when accessing healthcare, by supporting their psychological needs for relatedness, competence, and autonomy. In the present study, several participants realized their transition goals were possible after meeting or seeing peers who had already transitioned. Self-determination theory posits that seeing people we perceive to be similar to ourselves, results in feelings of connectedness to and identification with these individuals. When people one perceives to be similar live in a way that one desires, this can have a meaningful impact on what one believes is possible for oneself and what they believe can be achieved.

Empowerment has been criticized for lacking clear definitions (Brodsky & Cattaneo, 2013) and a strength of this study is that it furthers our understanding of empowerment by identifying its mechanisms. Another area of strength was the methodology we chose. Using a qualitative approach allowed the primary researcher to see in-depth how empowerment manifests in participants' healthcare experiences. These interviews were also conducted and analyzed by trans researchers which enhances the credibility of the data. Another strength of the present study was the sample, including both trans men and trans women, with a diverse age range (17 to 60 years) living outside of a major metropolitan area.

This study also has some limitations that need to be noted. The primary researcher was not involved in collecting data for the larger study, and, as a result, only had access to the interview transcripts. As such, tone of voice, body language, and facial expressions, typically captured in face-to-face interviews, do not inform the analysis of the data. It is possible that a more nuanced analysis could have been achieved if data beyond the written transcripts had been available.

Moreover, the study sample lacked diversity. Trans men tended to be younger than trans women and their healthcare experiences may not reflect the experiences of trans men older than 39 years. Further, all but one participant was Caucasian. The findings therefore present a predominantly white narrative and should not be assumed to reflect the experiences of other groups of trans people (e.g., race/ethnicity, sexual orientation, culture, poverty, disability). This is supported by research with trans people demonstrating that belonging to one or more equity seeking groups impacts individuals' health and healthcare experiences (Hudson, 2019; Ross et al., 2016). Empowerment theory states that an examination of empowerment must consider social and structural forces such as racism, sexism, and ableism (Keys et al., 2017). One implication of this characteristic of empowerment theory is that an intersectional analysis (Crenshaw, 1994) may very well influence peoples' experience of empowerment when accessing healthcare, and we were not able to capture this here.

Empowerment has been used to inform interventions that improve access to healthcare and health outcomes of other equity deserving groups experiencing health inequities (Carolyn et al., 2019; Ghahari et al., 2020; Sipsma et al., 2013; Wippold & Roncoroni, 2020). Recently, there has been a call for interventions to improve trans peoples' healthcare access that are informed by trans peoples' experiences (Velasco et al., 2022). Findings from the present study could inform an empowerment intervention that aims to improve individuals' healthcare access, through teaching them skills to enhance autonomy. In the present study, participants became more autonomous through self-advocacy which they developed by navigating healthcare and learning advocacy from their peers. A future intervention could facilitate conversations between trans people on health issues such as self-advocacy (e.g., communicating with providers and setting boundaries). Other research has shown that mentorship from trans peers, including sharing experiences and advice, was important for individuals to access healthcare and have positive healthcare experiences (Knutson et al., 2018; Ross et al., 2016).

Conclusion

A good deal of research focused on healthcare and trans people has focused on the role of the environment in shaping individuals' healthcare experiences. This implies that individuals largely experience healthcare as passive agents. The present study builds upon this previous research by illuminating individual agency in empowerment processes, demonstrating that individuals significantly contribute to shaping their environments and their healthcare experiences. As such, the empowerment mechanisms identified in this study contributed to both individuals achieving their health goals in the present while becoming stronger advocates for navigating the healthcare system in the future. Importantly, this study suggests that navigating healthcare via these mechanisms is an empowering process that can improve individuals' health and well-being.

Appendix

Healthcare Section Interview Guide

[This part of the interview asks participant about their experiences with health care in Waterloo Region. Healthcare refers to doctors, psychiatrists, hospitals, therapists, counsellors, specialists, emergency rooms, gynecologists, paramedics, etc.]

1. In one word, or a few words, how would you describe your experiences with accessing healthcare in Waterloo Region?
2. Now, could you tell me a bit more about your experiences accessing healthcare in Waterloo Region? (PROMPTS: What (other) kinds of healthcare do you access in the Waterloo Region? Have you experienced barriers?)
3. As a [gender identity] person, do you feel that your gender identity impacts your experiences in the healthcare system? And how so?
4. Could you pick one experience that stands out to you the most, positive or negative, and tell me about it more in depth? (PROMPT: What did you think about that? How did you feel about that? What did you do?)
5. Thanks for sharing that [negative, positive] experience. Do you have a [negative, positive] one you'd like to share as well?
6. What does transition mean for you, and where are you at in that process? (note: if they say "I have done X but haven't done Y", ask "Did you use the healthcare system to support X?" and then "could you tell me why you haven't done Y?")
    a. Have you used the healthcare system to support your transition? What were your experiences? (PROMPT: have you spoken to a counsellor, a family doctor?)
    b. How did you get the information to know who to see or where to go?

   c. How long did you wait for care?
   d. IF NO TRANSITION, could you tell me a little about your feelings around transition, and why you've chosen not to? Have you discussed transition with anyone in the healthcare system?
7. What has helped you cope with or overcome negative experiences with healthcare, if you've had any?
8. Have you had any experiences of feeling empowered or strong with regard to your healthcare? If so, what made you feel that way?
9. Did you ever take action or advocate for yourself or others in healthcare?
10. Is there anything that you wish healthcare professionals knew? What would you change about the healthcare system?
11. Is there anything else that we haven't talked about that you feel is important for me to know?

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Declarations

Informed Consent

Participants completed two letters of information and consent prior to interviews.

Research Involving Humans and Animals

This study received Wilfrid Laurier University Research Ethics Board approval (REB#6253).

Conflict of Interest

The authors declare that they have no conflict of interest.

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