

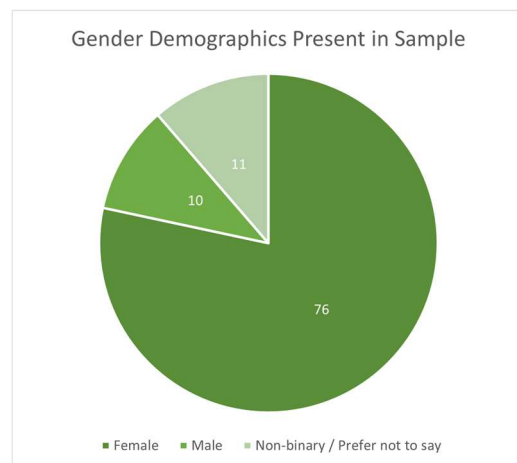
# Practitioner Beliefs about Gender Diversity: Key Findings

Gender diverse persons do not identify with the sex they were assigned at birth – that is, they do not identify as *cisgender*. We also recognise that gender diversity itself is diverse; the term refers to many identities across and beyond the gender spectrum (including transgender, non-binary, agender, and many more), and presents a unique challenge for practitioners within a healthcare setting.

Our focus in this research was on health care practice for gender diverse persons. As patients, gender diverse people increasingly report experiencing gender affirmation within healthcare settings, but also continue to report discrimination. Understanding, reactions from healthcare providers can be important, given that previous research suggests that positive health care outcomes are predicated upon what their attending practitioner’s believe about gender (Carlile, 2020; Kearns et al., 2021; Wright et al., 2021). Our ultimate purpose is to remove barriers to care for gender diverse people, thus, our in aim in this study was to describe and understand practitioner beliefs about gender, to better understand the conditions under which sensitive, gender-affirming practice may arise.

## Who participated:

The participants in the survey study were 97 medical and allied health practitioners from across the Australian medical community, recruited through social media advertising, partnership with professional organisations, and direct outreach. Of the 97 participants, 48 worked within medical fields (general practice, nursing, specialist medicine, etc.), while 49 worked within allied health fields. The average participant was in their 40s and had about 14 years of practice experience.



CPD was also considered relevant to healthcare practitioners beliefs. To measure this, participants reported CPD undertaken during their career specific to gender diversity or gender affirming care. On average, they reported 13 hours of gender diversity-related CPD.

We also asked the participants about their *attitudes* and *perceived competency* in addressing gender diverse healthcare needs in order to understand what may **predict** practitioner beliefs. The results are described on the following pages.

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## What was found:

We asked practitioners about their attitudes using a 22-item measure called the *Transgender Knowledge Attitudes and Beliefs* scale (TKAB; Clark & Hughto, 2020). The items on this measure include questions about the acceptability of gender diversity, social tolerance for gender diversity, and comfort with gender diverse peoples.



As can be seen in the figure to the left, acceptance and attitudes toward gender diverse people were generally quite positive. On a scale from 1 to 6, the average level for total acceptance (TKAB) was **5.13** and ranged between 2.32 and 6 for the three subscales of acceptance, social tolerance, and comfort and contact. In total, **81.44% of practitioners had a total acceptance scores over 4.**

### TKAB example questions:

*Acceptance:* A person transitioning from male to female should not be able to use a women's toilet.

*Social Tolerance:* Gender diverse people should have the opportunity to undergo operations to change their anatomy.

*Comfort and Contact:* I would feel comfortable if I learned a friend is gender diverse.

Practitioners reported **perceptions of their own competence** in work related to gender diverse persons using 13-items adapted from the *Perceived Sense of Competence scale* (ProSOCS; Swan et al., 2021). This scale measured perceived competence across three dimensions: perceived knowledge, relatability, and expected outcomes. Knowledge questions measured perceived personal knowledge of providing gender affirming care. Relatability questions measured practitioner's personal sense of relatability with or connection to patients. Finally, expected outcomes measured whether practitioners believed their treatments or interventions will be affirming and effective in treating gender diverse patient's needs.

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As can be seen in the figure to the right practitioners perceived themselves to be somewhat competent in providing gender affirming care, but had the least confidence in their knowledge. On a scale from 1 to 6, the average level of perceived competence (ProSOCS) was **4.12** and ranged between 1.62 and 6 for the three subscales of knowledge, reliability, and expected outcomes. Overall, **57% of practitioners had a total perceived competence score over 4.**



## ProSOCS example questions:

*Perceived knowledge:* My knowledge on gender affirming care is up to date.

*Relatability:* I understand the struggles individuals face when their gender affirmation needs are not appropriately addressed.

*Expected outcomes:* Treatments I implement or facilitate will be at least as effective as treatments implemented by other practitioners in the same field

**Beliefs about gender diversity** were assessed using the *Gender/Sex Diversity Beliefs scale* (Schudson & van Anders, 2021). We modified and extended this measure to more completely ask about all aspects of transnormativity (emerging cultural narratives about 'normal' gender diversity; Bradford & Syed, 2019; Johnson, 2016). The answers to these questions measured three themes:

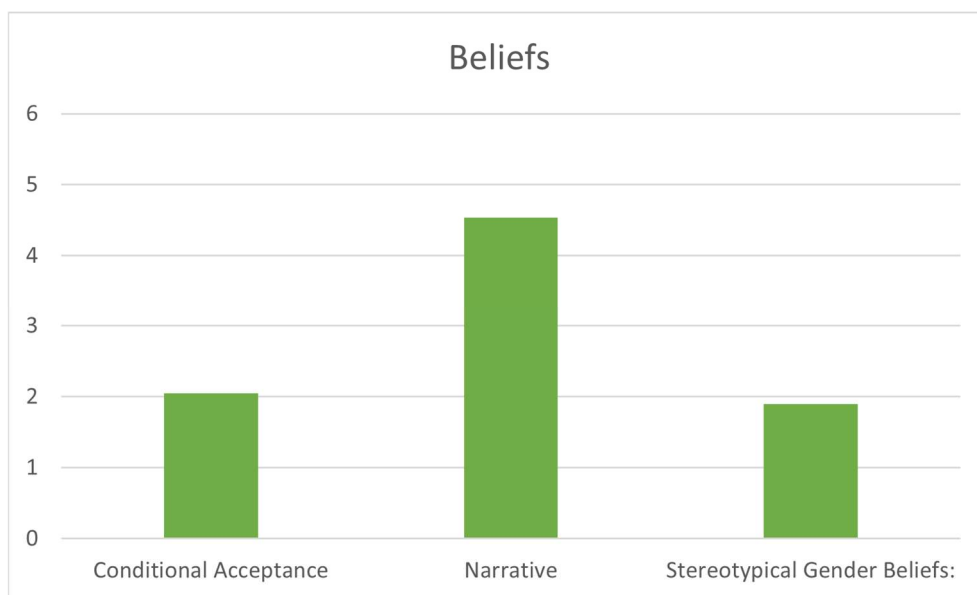
- *Conditional Acceptance:* These questions assessed beliefs related to when gender diverse identity is considered valid or authentic. A higher score indicated more prescriptive definitions of gender diversity, assuming demonstrated commitment and some level of medical transitioning. The average score on conditional acceptance was low on a scale from 1 to 6 (see below), indicating that practitioners who participated in this study were highly accepting of patient's claims to gender diverse identity, regardless of the patient's perceived 'commitment'. **Overall, 84% of practitioners scored less than 3 on this measure.**

Example Item: *A person with a penis can only ever be a woman if they have surgery to have a vagina instead.*

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- *Narrative*: These questions asked about expected life experiences. Questions focused on beliefs that gender diversity is innate and present from earliest life, and that having gender diverse identity may lead to more difficult outcomes in life. On average, participants were high on narrative (see below), indicating that they tend to believe gender diverse identities are present from early in life, and that they had some expectation that gender diverse patients may experience difficulties, if they had not already done so. **Overall, 75.26% of practitioners scored more than 4 on this measure.**  
Example Item: *Gender diverse people are at higher risk of violence or harassment.*
- *Stereotypical Gender Beliefs*: These last questions asked about belief in stereotypical gender roles and gender expression generally, not just in the context of gender diversity. On average participants were low on stereotypical gender beliefs, suggesting our participants had fewer beliefs about men and women being fundamentally similar on the basis of gender identity or sex. **Overall, 83.51% scored less than 3 on this measure.**

Example Item: *People who have the same biological sex are mostly similar to each other.*



Finally, participants were asked if they were aware of, and had used, the **World Professional Association for Transgender Health (WPATH) Standards of Care**, which represent the most influential standards of care document for gender affirming care available today. Of the 40 participants who reported they were aware of these standards, only 22 had actually used them in the course of providing care. Belief in the utility of this standard in addressing gender affirming care needs was average ( $M = 3.85$ ,  $SD = 0.98$ ) and varied substantially across participants.

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## Key Takeaways:

- Practitioners who completed our survey had highly positive attitudes toward gender diverse peoples, on average.
- Practitioners self-reported competency was somewhat high, but confidence was lower when they were asked about perceived knowledge about gender diverse peoples and treatment. Although many reported they had undertaken CPD about gender diversity, this highlights a need for more formal training opportunities for practitioners, in the service of providing gender affirming care.
- Alignment to conditional beliefs about gender diverse identities, and stereotypical gender beliefs, was very low. These suggest that this sample were less prescriptive in their personal definitions of what “real” gender diverse identity should look like, and did not hold rigid definitions of masculinity, femininity, and gender roles more generally.
- Alignment to narrative beliefs was high, especially among psychologists. This indicates that practitioners are highly sensitive to the personal struggles of gender diverse peoples, as this theme addressed the potential vulnerabilities of life for gender diverse peoples. However, these narrative beliefs also included an expectation of early awareness, a developmental experience that may not always be present. While this belief can make for more sensitive practice, practitioners are cautioned against having an expectation of these narratives in all cases of providing care.
- Though rarely used in the sample, perceived utility of the WPATH SoC was mixed, suggesting that these standards of care may not always be meeting the needs of gender diverse patients or the practitioners attending to them.
- This report relied on volunteer practitioners to complete the survey. Thus, the practitioners willing to take part in research may be predisposed to have positive attitudes and sensitive beliefs. As such, these results may represent the beliefs of highly affirming, positive practitioners, and may not be strictly generalisable to the broader population of practitioners who may not have interest or investment in addressing gender diverse health needs.

### What about between disciplines?

When considered as groups, medical practitioners did not significantly differ from allied health practitioners on any measure. However, considered in isolation, **general practitioners reported higher levels of perceived relatability** with gender diverse patients, while **psychologists reported higher levels of social tolerance, and higher alignment with Narrative beliefs.**

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