









REVIEW

## Humanized care for patients with gender identity: dilemmas, impact and intervention strategies

### Atención humanizada a pacientes con identidad de género: dilemas, impacto y estrategias de intervención

Jorge Leodan Cabrera Olvera<sup>1</sup>  , Melany Carolina Caiza Maila<sup>1</sup>  , Jorge Alexis Cisneros Villagómez<sup>1</sup>  , Melany Mabel Lema Iza<sup>1</sup>  

<sup>1</sup>Pontificia Universidad Católica del Ecuador, Escuela de Enfermería. Santo Domingo, Ecuador.

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Corresponding author: Jorge Alexis Cisneros Villagómez 

#### ABSTRACT

**Introduction:** health care involves respectful and moral treatment, especially for people of diverse gender identities, who are susceptible to prejudice and obstacles in health services, so this research aims to analyze the literature on humanized care for these patients in health care services, their challenges, complications and the management of this care.

**Method:** an exhaustive review of 210 academic articles from different indexed scientific databases, such as Scopus, Dialnet, Latindex, EBSCO, CINAHL, Scielo, Medline, BVS, DOAJ, IPIndexing Portal, Cuiden Citation, Web of Science, RED Edit, REHIC, RevEnf, Periódica, among others, was carried out; 30 met the selection standards, in addition a matrix made in Excel was used to classify the information, and an inductive analytical review of the data was completed.

**Results:** obstacles were encountered in treating individuals regarding gender identity, including insufficient professional expertise, bias, and typical gender norms within health care facilities. In contrast, successful tactics included inclusive education, adherence to specific standards, and use of a social identifier, together fostering safety and amplifying the perceived quality of care.

**Conclusions:** humanized care contributes to better adherence to treatments, reduces discrimination, and strengthens the relationship between patients and health systems. Despite advances, additional efforts are required to overcome structural and cultural barriers, promoting equitable and inclusive care.

**Keywords:** Humanized Care; Gender Diversity; Holistic Nursing; Gender Identity.

#### RESUMEN

**Introducción:** la atención de salud comprende un trato respetuoso y moral, especialmente para personas de diversas identidades de género, las cuales son susceptibles a prejuicios y obstáculos en los servicios de salud, por lo que esta investigación tiene como finalidad analizar la literatura sobre la atención humanizada a estos pacientes en los servicios de atención sanitaria, sus desafíos, complicaciones y el manejo de esta atención.

**Método:** se realizó una revisión exhaustiva de 210 artículos académicos de diferentes bases de datos científicas indexadas, tales como Scopus, Dialnet, Latindex, EBSCO, CINAHL, Scielo, Medline, BVS, DOAJ, IPIndexing Portal, Cuiden Citación, Web of Science, RED Edit, REHIC, RevEnf, Periódica, entre otras; 30 cumplieron con los estándares de selección, además se utilizó una matriz realizada en Excel para clasificar la información, y se completó una revisión analítica inductiva de los datos.

**Resultados:** se encontraron obstáculos en el tratamiento de individuos en relación con la identidad de género,

incluyendo la insuficiencia de experiencia profesional, prejuicios y normas de género típicas dentro de los establecimientos de salud. En contraste, las tácticas exitosas incluyen la educación inclusiva, el cumplimiento de estándares específicos y el uso de un identificador social, en conjunto fomentan la seguridad y amplifican la calidad percibida de la atención.

**Conclusiones:** el cuidado humanizado contribuye a una mejor adherencia a los tratamientos, reduce la discriminación y fortalece la relación entre pacientes y sistemas de salud. A pesar de los avances, se requieren esfuerzos adicionales para superar barreras estructurales y culturales, promoviendo una atención equitativa e inclusiva.

**Palabras clave:** Atención Humanizada; Diversidad De Género; Enfermería Holística; Identidad De Género.

## INTRODUCTION

Healthcare is a fundamental pillar for individual well-being and social development, as it directly impacts quality of life. Throughout history, health services have adapted to the changing needs of the population and scientific, technological, and social advances. Nursing, as the central discipline in this system, has humanized care as its primary objective, characterized by dignified attention supported by science, which includes companionship, active listening, and ethical respect. However, factors such as lack of knowledge, excessive workload, accelerated expansion of services, and scarcity of resources make it difficult for this approach to be fully applied, affecting the patient experience.<sup>(1)</sup>

In this context, humanized care emerges as an essential paradigm, promoting dignified, compassionate, and personalized treatment for each person. Ensuring that patients receive human care requires a combination of technical procedures with an empathetic attitude and genuine communication, making them feel valued, respected, and protected. This approach covers not only physical care but also spiritual support, aimed at both patients and their families; its purpose is to provide relief from fear and uncertainty and serenity and strength to face difficult times. This is especially relevant in areas of high vulnerability, such as maternal and child care, mental health, and palliative care, where additional sensitivity is required.<sup>(1,2)</sup>

It should be noted that nurses must provide this humanized care to all patients without exception and in an egalitarian manner; however, there are minority groups that do not have access to health services and can enjoy dignified care, whether due to biases among health personnel, ignorance or lack of knowledge on their part. That is why the growing problem at the time of care is the sociocultural barriers and stigmas that impede this nurse-patient process and make it impossible to provide care free of prejudice and discrimination, as is the case with gender identity or transsexual patients.<sup>(3)</sup>

On the other hand, to address humanized care inclusively and respectfully, it is essential to recognize the particularities of each social group, including the LGBTQIA+ community. This is due to the discrimination and violence that condition access to and the quality of healthcare, given that there are many accounts of professionals denying care to this group based on moralism disguised as rejection, failure to comply with codes of ethics, carelessness, and negligence.<sup>(4)</sup>

Similarly, this group is affected by the ideology of heteronormativity, which generalizes that heterosexuality is the norm. This aspect affects many areas of life, especially health care, with the most significant consequence in the promotion of reproductive health, where information is only disseminated about heterosexual sex. Lesbian patients indicate that they have never been given sex education, much less information on how to avoid sexually transmitted infections.<sup>(5)</sup>

Similarly, recent studies indicate that despite implementing inclusive policies in some countries, such as the LGBT Comprehensive Health Policy in Brazil, there has been no improvement in the care provided to this group, often due to a lack of commitment and training among health professionals. According to Salinas et al.<sup>(6)</sup>, nursing staff are familiar with gender identity legislation and show favorable attitudes toward the care of trans and transvestite people. However, there are institutional barriers that complicate the work of the nursing team, making it difficult to comply with patient safety processes and to respect the gender identity of the hospitalized person.

On the other hand, it is worth noting that despite the lack of public policies, some healthcare units have established standards for their staff in caring for this group, and progress has been made. This is linked to strategies that promote dignified treatment and recognition of gender identity to create an inclusive environment, thus improving healthcare quality.<sup>(7)</sup>

At the same time, mention is made of certain conditions such as equality, empathy, respect, and learning to provide dignified, humanized care for these patients, providing equal and quality care without discrimination based on race, sex, origin, gender, or sexual orientation.<sup>(8)</sup>

According to the Ecuadorian Ministry of Public Health,<sup>(9)</sup> health services should offer psychological support

appropriate to the sexuality of LGBTI people through their staff to help in the process of affirming sexual and gender identity and strengthening relationships with their social environment.

From these perspectives, various scenarios and problems that are latent when providing humanized care to patients with gender identity are taken into account. This article aims to analyze the literature on humanized care for these patients in health care services, its challenges, complications, and the management of this care.

## METHOD

The present study used a qualitative approach with a descriptive design based on an exhaustive bibliographic review that sought to compile relevant information on the problem. A systematic search for information was carried out in various indexed scientific databases, such as Scopus, Dialnet, Latindex, EBSCO, CINAHL, Scielo, Medline, BVS, DOAJ, IPIndexing Portal, Cuiden Citación, Web of Science, RED Edit, REHIC, RevEnf, Periódica, Portal de Periódicos da CAPES and Biblat Latinoamericana; with the help of various search engines such as Google Scholar, Crossref and Dimensions.

The academic search was carried out using keywords related to the concepts of “attention,” “care,” “humanized,” “identity,” “gender,” and “nursing,” among others, as well as their equivalents in English, combining them using Boolean operators (AND, OR) to optimize the results. Studies written in Spanish, English, or Portuguese and directly related to the subject of the study were included.

Initially, 201 articles were identified. After applying inclusion and exclusion criteria, a final non-probabilistic convenience sample of 30 articles was selected. The inclusion criteria were original articles with full access, published in the last five years in indexed scientific journals, and explicitly addressing the topics of interest. Systematic reviews, degree theses, gray literature, book chapters, and incomplete articles were excluded.

The data was organized in a matrix designed in Microsoft Excel that allowed the classification and synthesis of relevant information in specific categories aligned with the analysis’s objectives. An inductive approach was used to treat the data, which allowed moving from the particular to the general, facilitating the construction of a comprehensive problem vision.<sup>(10)</sup> This method contributed to the identification of relevant patterns, relationships, and trends for the problem at hand.

Finally, the critical analysis considered the methodological quality of the selected articles, as well as their relevance and theoretical contribution. The results of this review were synthesized to provide a broad and informed perspective on the subject of study.

## DEVELOPMENT

### **Dilemmas faced by healthcare professionals when caring for gender-variant/transgender patients.**

In the context of caring for gender-variant/transgender patients, healthcare professionals face a series of complex dilemmas that reflect tensions between the advancement of social demands for more inclusive care and the traditional structures of healthcare systems. Within this context, Ziegler et al.<sup>(11)</sup> and Ussher et al.<sup>(12)</sup> mention that these dilemmas arise from factors such as lack of training, information, equipment, and stigmatizing attitudes on the part of health personnel, as well as social prejudices and the rigidity of institutional norms.

Likewise, professionals face ethical dilemmas when they must deal with patients’ specific expectations and needs in a health system that is not always prepared to respond to these demands. It is worth noting that in the case of medical treatments related to gender affirmation, the lack of clear protocols can generate uncertainty and tensions in the doctor-patient relationship.<sup>(13)</sup>

In this sense, factors such as those mentioned above contribute to the perpetuation of discriminatory behavior ranging from the denial of health care to patients with gender identity to physical, verbal, psychological, or sexual abuse in health care settings, thus affecting the patient’s experience of health care.<sup>(14)</sup>

Furthermore, gender identities outside the binary scheme have challenged the traditional conceptions on which many medical models of health training are based, such as heteronormativity or heterosexism, which pathologize gender expressions, ideals, and identities.<sup>(15)</sup> This can result in treatment that, although not intentionally discriminatory, is perceived as insensitive or exclusive. These situations highlight the gap between patients’ current needs and healthcare personnel’s response capacity.

Similarly, various studies worldwide support cases of disparity in health care, decreased chances of getting a job, and even inequities in access to civil rights. Likewise, the American Academy of Nursing considers that disparities and inequities in LGBTQ+ people’s access to health services around the world are latent, making this a global issue affecting this community.<sup>(16)</sup>

Similarly, LaFaurie et al.<sup>(17)</sup> emphasize that another dilemma that arises in this context is microaggressions, which are unconsciously or consciously committed when using the first name of transgender patients who have not changed it on their identity document, as well as automatically associating them with HIV and sexually transmitted infections. The link between discrimination and stigmatization present in health services is the evident homophobia and latent transphobia in doctors and nurses, who, on some occasions, refrain from

providing health services to patients solely because they belong to the LGBTQ+ group. This results in this group of patients feeling discriminated against from the moment they arrive until they leave.<sup>(18)</sup>

On the other hand, the difference in values, beliefs, and age groups within the clinical setting and the subjectivity of the professional can influence how the needs of a patient with diverse gender identities are interpreted and addressed. Álvarez and Barrios<sup>(15)</sup> illustrate this difference through variables such as the age of the professional. The care provided can influence the perception of the quality of care; it can be seen that the care provided by younger health personnel is much more empathetic due to a greater understanding of society and globalization than that offered by older personnel.

In this context, Arce et al.<sup>(19)</sup> state that there is a decreasing tolerance or discriminatory attitudes towards transgender people when health professionals maintain conservative and traditional ideas, so they tend to think that gender identity is a decision or whim of these same people and that these attitudes can be changed through conversion therapies.

Similarly, another problem that is palpable when providing care to patients with gender identity is the anticipated discrimination by patients, that is, the idea that they will be judged for their sexual orientation. This is the case with adolescents who are doubly vulnerable and who refrain from using these services due to feelings of guilt and fears of judgment, prejudice, and stigmatization by the health professional.<sup>(20)</sup>

Within this framework, the problems presented during the care of patients with gender identity are manifested on both sides, both by the health personnel and by the patients themselves. This is reflected when the patient arrives at the health service with the idea that they will be discriminated against without first being attended to, which creates a gap in the doctor-patient relationship regarding providing quality care.

In turn, the existence of stigmatization, discriminatory attitudes, beliefs, and values among health professionals gives rise to conflicts when caring for patients, affecting their physical and mental integrity. Along the same lines is the lack of training, information, and tools in the health sector, which has been guided by a heteronormative health system that makes it impossible to provide inclusive care to this community.

Impact on the health of patients with gender identity who received humanized care in health services

Humanized care in health services has proven to be a determining factor in improving patients' overall health with diverse gender identities. According to Caicedo et al.<sup>(21)</sup>, this approach, based on empathy, respect, and individualization, promotes an inclusive environment that responds to each patient's specific needs, positively impacting their physical, mental, and social dimensions.

Along these lines, Ramírez et al.<sup>(22)</sup> emphasize that humanized care for gender-diverse people demands principles of equity and empathy and inclusive education from primary school onwards. The lack of development of soft skills complicates the relationship between nurse and patient, while the fear of the gender-diverse person makes the first medical visits difficult; therefore, the incorporation of the social name and constant education are fundamental to fostering a climate of trust and reduce the perception of vulnerability and discrimination.

However, Silva and Almeida<sup>(23)</sup> warn that, despite advances in humanized care, structural and behavioral barriers persist that affect the LGBTQIA+ population in health services. Among these, the lack of professional training on this population's specificities stands out, perpetuating discriminatory practices and limiting access to adequate care. Overcoming these difficulties is essential to ensure that people with diverse gender identities can fully benefit from inclusive and respectful care.

Similarly, Harner et al.<sup>(24)</sup> emphasize that providing affirmative and competent care requires flexibility, cultural sensitivity, and respect for patients' preferences. In particular, trans and non-binary people value the correct use of their names and pronouns as a clear sign of safety in their interaction with medical staff. These practices, in addition to fostering an atmosphere of trust, positively impact their general well-being and contribute to the construction of a more inclusive environment.<sup>(24)</sup>

It should be noted that a study carried out in a Peruvian hospital found that 65,2 % of patients with gender identity perceived a high level of humanized care, and 67,9 % reported feeling highly satisfied with the care received. This result demonstrates the significant correlation between patient satisfaction and the perception of humanized care, especially in dimensions such as openness to communication and willingness to care. (25) This highlights the importance of active listening and personalizing care, essential elements of humanized care.

In this context, Fernández et al.<sup>(26)</sup> mention that it is essential to recognize the nursing professional as a key element in promoting the perception of humanized care, highlighting communication as the most influential factor. This implies strengthening skills such as listening, understanding, accompanying, clarifying, and integrating them into nursing.

In this way, Balbontín et al.<sup>(27)</sup> emphasize that gender-diverse patients who receive humanized care experience a notable reduction in discomfort during health care. This contrasts traditional clinical practices where pronouns are often not respected, or gender is assumed based on physical appearance. This type of care favors a consultation that is more focused on individual needs instead of being based on assumptions linked to physical appearance or stigmas related to sexually transmitted infections.



On the other hand, Oliveira and Días<sup>(28)</sup> emphasize that, regarding physical health, patients who receive respectful care towards their gender identity show greater adherence to medical treatments and more effective management of chronic conditions. According to these authors, humanized care allows patients to feel comfortable seeking medical services and expressing their needs openly, resulting in more timely and effective interventions. On the contrary, disrespect and prejudice in the health system negatively affect the patient's experience, while humanized care improves the perception of service quality and clinical outcomes.

In mental health, the positive impact of humanized care is equally significant. Previous experiences of discrimination and stigmatization often increase the risk of problems such as anxiety, depression, and suicidal ideation in people with diverse gender identities. However, receiving care that validates their identity and recognizes their experiences helps reduce these risks, providing a safe space for expressing concerns and emotions; this is because integrating human, spiritual, and transpersonal aspects into clinical practice leads to greater user satisfaction.<sup>(29)</sup>

In the social sphere, humanized care's benefits transcend individuals, impacting community dynamics. Patients who feel respected and recognized in their identity develop greater confidence in health systems, encouraging greater use of health services and strengthening the link between medical institutions and communities. In addition, comprehensive nursing care that considers the physical, psychological, and social dimensions promotes positive interaction with the health system.<sup>(30)</sup>

For this reason, humanized care has a profoundly positive impact on the integral health of people with diverse gender identities, as it transcends traditional clinical care to recognize them as individuals with unique and valuable needs. Fostering an inclusive environment based on respect and empathy significantly reduces the barriers historically limiting their access to quality care. This not only improves their physical well-being by facilitating adherence to treatments and early detection of health conditions but also strengthens their mental health by reducing the risks of anxiety, depression, and stigmatization.

In addition, practices such as correctly using names and pronouns and personalizing care are catalysts for generating trust and confidence in interactions with health personnel. This type of care not only benefits patients but also has a positive impact on community dynamics, strengthening the link between people and health systems. Betting on humanized care is an ethical act and an essential tool for transforming the health system into a more equitable and inclusive space, with tangible positive results in the lives of those who have faced discrimination and exclusion.

Healthcare professionals use intervention strategies to guarantee humanized care for patients with a gender identity.

Humanized healthcare is essential to ensure respect, dignity, and recognition of all patients' individual needs, especially those with diverse gender identities. According to Tufaile et al.<sup>(31)</sup>, the vision of the health professional plays a fundamental role in the quality of the care provided, especially when considering that many people belonging to the LGBTIQ+ community arrive at health services carrying the weight of the stigma and discrimination they face in their daily lives.

Faced with these difficulties, nurses have implemented strategies aimed at offering more humane and personalized care, such as reflecting on how they receive patients, building relationships based on respect and trust, and creating a safe environment, which not only strengthens the therapeutic relationship but also contributes to improving adherence to the care received.<sup>(31)</sup>

Projects such as the LGBT+ Friendly Primary Health Care Center in El Salvador have been developed to reinforce these initiatives in the field of Primary Health Care. This program, aligned with the National Comprehensive Health Policy for the LGBTQIA+ population, focuses on educating health personnel and adopting inclusive practices. Its objective has been to transform attitudes related to intolerance towards sexual and gender diversity, guaranteeing equitable, quality care free from discrimination.<sup>(32)</sup>

Within this approach, training in the Advocacy Program aimed at promoting cultural sensitivity stood out as another key strategy because it not only strengthened the knowledge and skills of health professionals but also promoted the creation of a safe and inclusive environment through raising awareness about oppression and the promotion of culturally responsive and respectful practices, helped to ensure humanized care that was appropriate to the needs of patients with diverse gender identities.<sup>(33)</sup>

Similarly, an intervention in Caratinga, Brazil, implemented various awareness-raising methods aimed at health personnel, including training on the use of social names, reflective discussions, and updating forms to ensure patient identification. These measures sought to reduce barriers to accessing health services and to foster an inclusive and respectful environment. In addition, informative videos were produced by members of the LGBTQIA+ community themselves, addressing issues such as the respect and recognition that transgender people deserve.<sup>(34)</sup> These initiatives have strengthened the technical training of professionals and promoted a cultural change in healthcare, promoting a more equitable and humanized model.

Moreover, educational training has proven to be a key tool for improving the quality of care provided to patients with diverse gender identities. This approach offers a solid foundation for training healthcare

professionals capable of understanding and respecting the specific needs of this population.<sup>(35,36)</sup>

In this context, a recent event highlighted the valuable contribution of young people in disseminating legislation that supports this community's rights, underlining the importance of including topics related to gender diversity in undergraduate health training programs. In addition, participants used digital communication technologies to offer new ways of teaching and learning about health equity policies. This approach not only broadened the scope of education but also promoted a more profound understanding among future professionals of the relevance of equity and respect for sexual and gender diversity.<sup>(37)</sup>

In this sense, integrating health-related content in educational programs is essential to improve access to information; the model implemented at the Johns Hopkins School of Nursing (JHSON) has proven to be a benchmark. According to Sherman et al.<sup>(38)</sup>, this model offers a replicable guide that provides nursing educators and students with the knowledge and tools necessary to address the significant healthcare disparities faced by LGBTQI+ populations. Within this framework, one of the key strategies is the creation of short training modules for faculty and staff, designed to strengthen their understanding of LGBTQI+ terminology and the health issues specific to this population.

In addition to integrating educational content, developing and implementing specific protocols to guide care is essential. The analysis of the Transgender Care Protocol of the Talcahuano Health Service demonstrated how a protocolized approach can ensure that all transgender people in the region receive comprehensive and quality care. According to Valenzuela and Cartes<sup>(39)</sup>, this protocol establishes clear guidelines that promote equity, respect, and inclusion, setting a precedent for improving health services for this population.

Along the same lines, the work of the World Professional Association for Transgender Health is an international organization dedicated to promoting evidence-based medical care for transgender and gender-diverse people. Among its main contributions are the Standards of Care (SOC), which provide practical recommendations to guide health professionals in the comprehensive care of this population.<sup>(40)</sup>

The most recent update, known as SOC-8, includes advances in areas such as inclusive terminology, education, and gender-affirming treatments. These guidelines offer medical interventions that can be adapted to the individual needs of each transgender person, promoting collaborative care between patients and healthcare professionals, thus strengthening the quality and equity of the services provided.<sup>(40)</sup>

Therefore, providing humanized care to patients with gender identity requires a comprehensive approach. This includes better-educating health professionals, establishing clear rules to guide care, and applying practices that promote respect and inclusion. The strategies above highlight the need to transform care practices and the health system, as this facilitates a cultural change that fosters respect, dignity, and equity.

## CONCLUSIONS

The main dilemmas in the care of gender-diverse patients stem from the lack of specific training of healthcare personnel, stigmatizing attitudes, and the rigidity of institutional norms, which perpetuate discrimination, microaggressions, and the perception of exclusion, negatively affecting the patient's experience and the relationship with the healthcare professional. Heteronormative structures in health systems limit the development of inclusive care, generating inequities, denial of care, and abuse towards this population. Humanized care, conversely, strengthens patient confidence, improves adherence to treatments, and fosters a positive bond with healthcare institutions. However, challenges remain, such as the lack of uniform training, the absence of protocols in many regions, and the limited integration of gender diversity issues in educational programs.

Although significant progress has been made, it is essential to continue strengthening strategies that enable health services to become safe, inclusive, and respectful spaces for gender diversity. Therefore, to deepen the impact of these interventions in diverse cultural and health contexts, more inclusive educational programs that train professionals capable of responding to the specific needs of this population must be developed.

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## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

## CONTRIBUTION OF AUTHORSHIP

*Conceptualization:* Jorge Leodan Cabrera Olvera.

*Data curation:* Melany Carolina Caiza Maila.

*Formal analysis:* Melany Carolina Caiza Maila.

*Research:* Melany Mabel Lema Iza.

*Methodology:* Jorge Alexis Cisneros Villagómez.

*Project administration:* Jorge Leodan Cabrera Olvera.

*Resources:* Melany Mabel Lema Iza.

*Software:* Jorge Alexis Cisneros Villagómez.

*Supervision:* Jorge Leodan Cabrera Olvera.

*Validation:* Melany Mabel Lema Iza.

*Visualization:* Melany Carolina Caiza Maila.

*Writing - original draft:* Jorge Alexis Cisneros Villagómez.

*Writing - review and editing:* Jorge Leodan Cabrera Olvera.