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Experiences of trans people in hospital care: a scoping review

Experiências de pessoas trans na atenção hospitalar: revisão de escopo

Experiencias de personas trans en la atención hospitalaria: revisión de alcance

Teresa Noêmia Gomes de Vasconcelos[I]; *Daniele Pereira Soares*[II]; *Maria Vitória Gonçalves de Vasconcelos*[I]; *Anna Kalyne César Granjeiro Adriano*[I]; *Sabrynna Lustosa de Lira*[I]; *Petra Kelly Rabelo de Sousa Fernandes*[I]; *Marcelo Costa Fernandes*[I]

[I]*Universidade Federal de Campina Grande. Cajazeiras, PB, Brazil;* [II]*Universidade Federal Fluminense. Niterói, RJ, Brazil*

ABSTRACT

Objective: to map the available evidence on the healthcare experiences of trans people in hospital settings. **Method:** a scoping review guided by the JBI methodology and reported according to the PRISMA-ScR. Searches were conducted in MEDLINE, Web of Science, Scopus, CINAHL, EMBASE, LILACS, BDENF, and gray literature sources, including 18 studies published between 2016 and 2023. **Results:** the experiences of trans people in hospital settings were marked by prejudice, discrimination, disrespect for chosen names, and lack of professional preparedness, particularly in general and non-specialized hospital services, revealing care-related and institutional weaknesses. Studies conducted in specialized services more frequently described positive experiences, especially regarding welcoming practices and interdisciplinary care. **Conclusion:** the experiences of trans people in hospital care are characterized by structural, relational, and institutional barriers in general hospital services and, in specialized services, by more positive experiences regarding welcoming practices, respect for chosen names, and interdisciplinary care, highlighting the need to improve hospital services to provide trans-inclusive care.
Descriptors: Delivery of Health Care; Tertiary Health Care; Transgender Persons.

RESUMO

Objetivo: mapear as evidências disponíveis sobre a experiência de saúde das pessoas trans no contexto hospitalar. **Método:** revisão de escopo norteada pelo *Joanna Briggs Institute* e reportada segundo o PRISMA-ScR, realizada nas bases MEDLINE, Web of Science, Scopus, CINAHL, Embase, LILACS e BDENF, e literatura cinzenta, incluindo 18 estudos publicados entre 2016 e 2023. **Resultados:** a experiência de pessoas trans no contexto hospitalar mostrou-se marcada por preconceito, discriminação, desrespeito ao nome social e despreparo profissional, sobretudo em serviços hospitalares gerais e não especializados, evidenciando fragilidades assistenciais e institucionais. Estudos desenvolvidos em serviços especializados descreveram, com maior frequência, experiências mais positivas, especialmente quanto ao acolhimento e ao cuidado interdisciplinar. **Conclusão:** a experiência de pessoas trans na atenção hospitalar é marcada por barreiras estruturais, relacionais e institucionais em serviços hospitalares gerais e, em serviços especializados, mais positivas quanto ao acolhimento, respeito ao nome social e cuidado interdisciplinar, evidenciando a necessidade de qualificação dos serviços hospitalares para uma assistência trans-inclusiva.
Descritores: Atenção à Saúde; Atenção Terciária à Saúde; Pessoas Transgênero.

RESUMEN

Objetivo: mapear las evidencias disponibles sobre la experiencia en salud de las personas trans en el contexto hospitalario. **Método:** revisión de alcance guiada por el JBI y reportada de acuerdo con el PRISMA-ScR, realizada en las bases de datos MEDLINE, *Web of Science*, Scopus, CINAHL, EMBASE, LILACS y BDENF, además de literatura gris, incluyendo 18 estudios publicados entre 2016 y 2023. **Resultados:** la experiencia de las personas trans en el contexto hospitalario estuvo marcada por prejuicio, discriminación, falta de respeto al nombre social y escasa preparación profesional, especialmente en servicios hospitalarios generales y no especializados, evidenciando fragilidades asistenciales e institucionales. Los estudios desarrollados en servicios especializados describieron con mayor frecuencia experiencias más positivas, especialmente en relación con la acogida y la atención interdisciplinaria. **Conclusión:** la experiencia de las personas trans en la atención hospitalaria está marcada por barreras estructurales, relacionales e institucionales en los servicios hospitalarios generales y, en los servicios especializados, por experiencias más positivas relacionadas con la acogida, el respeto al nombre social y la atención interdisciplinaria, evidenciando la necesidad de cualificar los servicios hospitalarios para ofrecer una atención trans-inclusiva.
Descriptores: Atención a la Salud; Atención Terciaria de Salud; Personas Transgénero

INTRODUCTION

Historically, the social organization of sexuality and gender identities has been marked by heterocisnormative hegemony, which established heterosexuality and cisgender identity as socially legitimate standards. In recent decades, however, the visibility of gender identities that diverge from this norm has challenged this model, highlighting other forms of existence and social recognition[1].

Consequently, the rupture with these traditional conceptions has not occurred without consequences. Prejudice and violence directed toward this population are among the main negative repercussions, significantly affecting their quality

Corresponding author: Daniele Pereira Soares. E-mail: danisoaresenf@gmail.com
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of life[2]. People whose gender identity does not correspond to the sex assigned at birth, i.e., trans people[3], are among the groups most exposed to stigma and discrimination in Brazil[4].

Among the forms of violence related to gender identity, symbolic, psychological, and physical manifestations stand out. At the symbolic and psychological levels, discriminatory comments, denial of gender identity, and experiences of rejection are prominent; at the physical level, assaults and harassment situations are included, deeply affecting the lives of trans people in Brazil[4]. This reality, however, is not restricted to the country. In the United States, for instance, seven out of ten trans women reported having experienced discrimination between 2019 and 2020, a situation also associated with barriers in the labor market and difficulties in accessing health insurance essential for gender transition[5].

Another study found that discrimination against trans people limits opportunities and restricts access to different services, persistently affecting their mental health[6]. In this regard, continuous exposure to discriminatory acts directed at trans people has been associated with a higher occurrence of psychological distress, especially depression and anxiety[7]. These experiences of stigma and discrimination are not expressed solely at the social level but also directly affect access to, retention in, and the quality of healthcare.

Although transphobia does not have a specific criminal classification, discriminatory conduct against trans people may result in criminal liability through equivalence to the crime of racism[8]. Nevertheless, this does not prevent this group from continuing to experience violence and disrespect, including in spaces where they should find welcoming care and support, such as the Health Care Network[9].

In the field of national health policies aimed at the LGBTQIAPN+ population, Brazil has the National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, *Travestis*, and Transsexuals[10], which is focused on recognizing the specificities of this population and promoting equitable and humanized care. This policy framework was complemented by Ordinance 2,803/2013, which regulates the Transsexualizing Process within the Unified Health System (SUS - *Sistema Único de Saúde*) and establishes clinical and organizational guidelines for hormone therapy and other related care[11]. In addition, Decree 8,727/2016 ensures the use of the chosen name and the recognition of gender identity within public administration[12]. Despite these regulatory advances, significant barriers remain for the trans population within hospital services, highlighting a mismatch between normative provisions and everyday practice.

Research conducted by the United Nations (UN) in Brazil[4] shows that approximately 32% of trans people reported having experienced negative situations with healthcare professionals. These episodes reveal violations of basic rights recognized internationally by the UN[13]. Among the main obstacles to universal and dignified access to healthcare is the social stigmatization of trans people. As a historically marginalized and vulnerable group, they face the daily denial of their rights, aggravated by a lack of information, absence of privacy, and breaches of confidentiality. The same study found that, in the field of sexually transmitted infections, more than 36% of participants reported fear of mistreatment by healthcare professionals or having their HIV-positive serological status disclosed to third parties without consent[4].

In hospital settings, understood here as a setting of greater care complexity due to technological density, multiprofessional practice, and the management of more severe clinical conditions, these challenges tend to intensify. Barriers such as disrespect for chosen names, the absence of trans-inclusive protocols, and institutional violence weaken the therapeutic relationship, compromise the quality of care, and increase the vulnerability of this population. Therefore, understanding the experiences of trans people in hospital care is essential for identifying weaknesses in care delivery and supporting the development of more inclusive practices that are sensitive to the specific needs of this group.

Despite the existence of studies addressing this topic, gaps remain regarding the systematization of evidence on the experiences of trans people receiving healthcare in hospital settings. Therefore, conducting a scoping review capable of mapping this field and synthesizing the main available findings is justified. Accordingly, this study aimed to map the available evidence on the healthcare experiences of trans people in hospital settings.

METHOD

This is a scoping review guided by the JBI methodology[14] and reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR)[15]. This study was structured according to the following stages: development and alignment of the title and objectives with the review question; definition of inclusion criteria; planning of the search strategy, study selection, data extraction, and evidence presentation; evidence search; screening and selection of studies; data extraction; data analysis; and presentation of results and synthesis of evidence[14].

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Before conducting the review, a preliminary search was performed in the Open Science Framework (OSF), PROSPERO, JBI Evidence Synthesis, Cochrane Library, and Google Scholar to identify published and/or ongoing scoping or systematic reviews addressing the experiences of trans people receiving healthcare in hospital settings. No reviews with the same thematic focus were identified, reinforcing the relevance of the present investigation. The protocol was registered in the OSF (https://osf.io/jpv47/).

The review question was formulated using the PCC strategy (Population, Concept, and Context). Thus, the following study elements were defined: Population (P): trans people; Concept (C): healthcare experience; Context (C): hospital setting. Based on this strategy, the following guiding question was developed: What are the experiences of trans people receiving healthcare in hospital settings?

The following data sources were used: Medical Literature Analysis and Retrieval System Online (MEDLINE), via PubMed; Web of Science; Scopus; Cumulative Index to Nursing and Allied Health Literature (CINAHL); Excerpta Medica Database (EMBASE); *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS); and *Base de Dados em Enfermagem* (BDENF). For gray literature, searches were conducted in *Biblioteca Digital Brasileira de Teses e Dissertações* (BDTD), the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES) Theses and Dissertations Catalog, and Google Scholar.

The search strategy was developed using the extraction, conversion, combination, construction, and use method, which consists of systematically organizing descriptors, synonyms, and Boolean operators to make searches more precise and reproducible[16]. Furthermore, DeCS descriptors were used for national databases and MeSH terms for international databases, with no restrictions regarding publication year or language, as shown in Figure 1.

Data sources	Search strategy
MEDLINE Web of Science Scopus CINAHL EMBASE	(Transexual OR "Transexuals" OR "Transgender" OR "Transgender Person" OR "Transgendered Person" OR "Transgendered Persons" OR "Person, Transgender" OR "Person, Transgendered" OR "Person, Transsexual" OR "Transsexualism" OR "Trans- Feminine Persons" OR "Trans-Masculine Persons" OR "Transfeminine Persons" OR "Transmasculine Persons" OR "Transsexual Persons" OR "Two-Spirit Persons") AND ("Hospital" OR "Hospitals" OR "Tertiary healthcare" OR "Tertiary health care" OR "Tertiary, healthcare" OR "Hospital Care" OR "Tertiary care")
BDENF LILACS	("Transexualismo" OR "Pessoas transgênero" OR "Pessoas transsexuais" OR "Transexual" OR "Homem Transexual" OR "Homens Trans" OR "Mulher Transexual" OR "Mulher Transgênero" OR "Mulher não Genética" OR "Mulheres Trans" OR "Mulheres não Genéticas" OR "Pessoas Trans" OR "Pessoas Transexuais" OR "Pessoas Transfemininas" OR "Pessoas Transmasculinas" OR "Pessoas de Duplo Espírito" OR "Terceiro Gênero" OR "Terceiro Sexo" OR "Transexuado" OR "Transexuais" OR "Transexuais Operados" OR "Transexuais Pós-Operados" OR "Transexuais não Operados" OR "Transexual" OR "Transexual Feminino" OR "Transexual Pré-Op" OR "Transexual Pós-Op" OR "Transgênero" OR "Transgêneros" OR "Transvestite" OR "Tri-Gênero" OR "Trigênero") AND ("Atenção à saúde" OR "Assistência em saúde" OR "Atenção terciária de saúde" OR "Hospital" OR "Hospitais" OR "Ambiente Hospitalar" OR "Centro Hospitalar" OR "Centros Hospitalares" OR "Hospital" OR "Nosocômio" OR "Nosocômios")
BDTD CAPES Theses and Dissertations Catalog Google Scholar	("Pessoas transgênero" OR "Pessoas transsexuais" OR "Pessoas Trans") AND ("Atenção terciária de saúde" OR Hospital)

Figure 1: Description of the search strategy and respective data sources, with searches conducted in May 2024. Cajazeiras, Paraíba, Brazil, 2024

The search was conducted in May 2024, with the last update performed on May 15, 2024, for MEDLINE, Web of Science, Scopus, and CINAHL; on May 16, 2024, for BDENF and LILACS; and on May 17, 2024, for Google Scholar, BDTD, and the CAPES Theses and Dissertations Catalog.

Primary evidence addressing the experiences of trans people receiving healthcare in hospital settings was included, regardless of methodological approach. Qualitative, quantitative, and mixed-methods studies, as well as experience reports, theses, and dissertations available in full text, were considered eligible. Publications that did not answer the research question were excluded, as were duplicate studies, literature reviews—since the objective was to map primary evidence and direct user experiences—letters, notes, editorials, reviews, conference abstracts, incomplete articles, studies at the project stage, or studies without results.

The review was conducted from May to November 2024, and the search for articles was performed in May. The results were exported to Rayyan®, which assisted in duplicate removal and in the blind and independent selection of studies. The initial analysis was conducted by two independent reviewers, first through title and abstract screening and

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subsequently through full-text reading. Any disagreements were discussed until consensus was reached; when agreement was not achieved, a third reviewer was consulted for the final decision.

After the final selection and acquisition of the studies included in this review, data extraction was performed using a digital Microsoft Excel® spreadsheet with the following variables: reference, title of the work, methodology, year of publication, country, objective, and user experience.

All stages were conducted systematically and transparently, ensuring reproducibility and methodological rigor, in accordance with JBI recommendations and the PRISMA-ScR checklist[17]. Since this was a scoping review developed exclusively from published studies, publicly available documents, and scientific literature, without direct participant involvement, primary data collection, or use of identifiable information, submission to the CEP/CONEP system was not required, in accordance with CNS Resolution 510/2016.

Nevertheless, the development of the study adhered to ethical principles of scientific integrity, methodological transparency, fidelity to original sources, proper attribution of authorship, and respect for the interpretation of the included findings.

RESULTS

The search identified 2,224 records across the databases. After duplicate removal, 2,054 studies were imported into Rayyan® for screening. During title and abstract screening, 36 studies remained eligible. In parallel, the search of the gray literature (BDTD, CAPES Theses and Dissertations Catalog, and Google Scholar®) identified studies that, after independent peer assessment and systematic organization in a specific table following the same eligibility criteria applied to indexed databases, resulted in three studies eligible for full-text review.

During full-text assessment, 15 studies from the databases and two studies from the gray literature were included. In addition, one extra study identified through reference checking of the selected articles was incorporated. Thus, 18 studies composed the final sample of this scoping review. This procedure followed PRISMA-ScR recommendations and is presented in Figure 2.

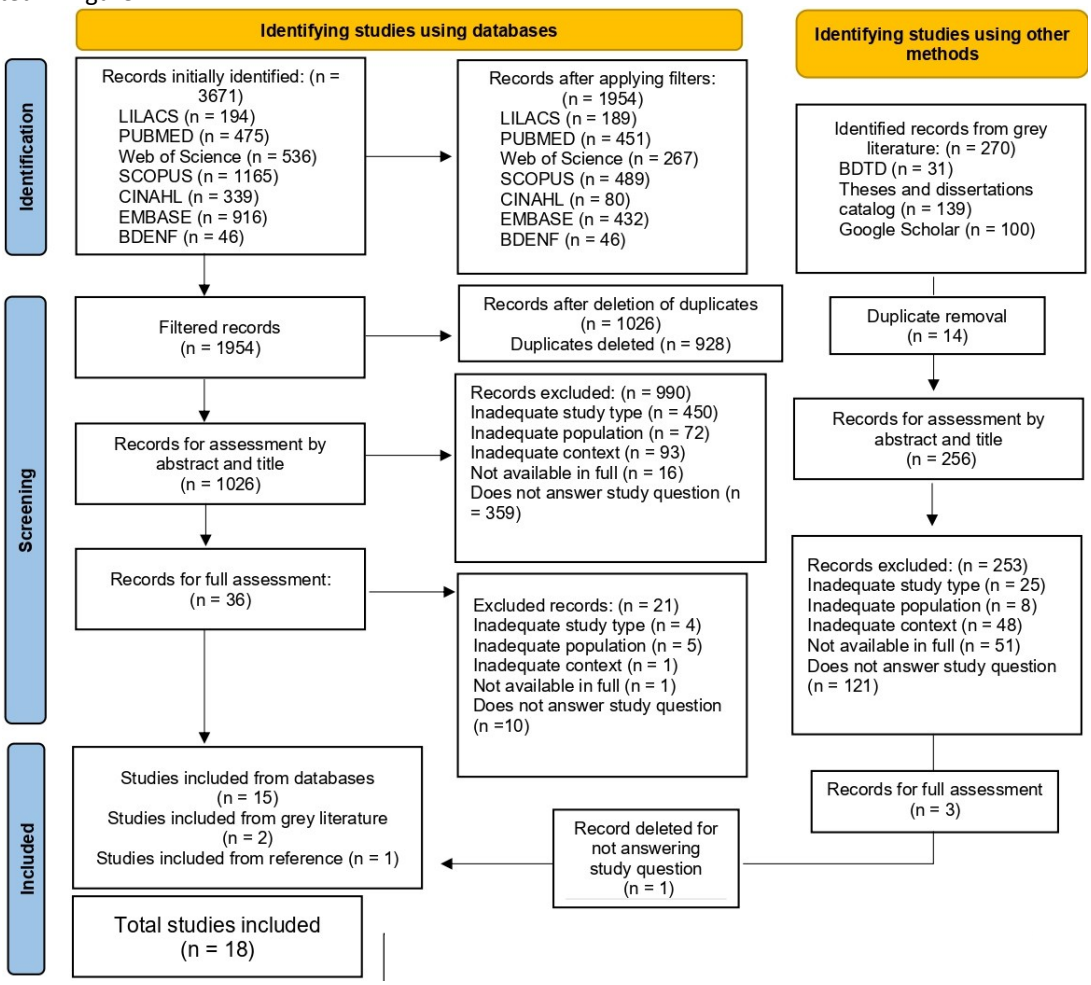

Figure 2: Flowchart of the search and selection of documents. Cajazeiras, Paraíba, Brazil, 2024

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At the end of the selection process, the data were organized in a Microsoft Excel® spreadsheet, thereby enhancing clarity and facilitating evidence synthesis. To detail the study exclusion process in Rayyan®, a flowchart was developed that shows each screening stage through to the definition of the included studies. Figures 3 and 4 present the characterization of the selected studies.

Ref.	Study design	Sample	Sample	Country	Year
A1[18]	Evaluative descriptive study	Mixed methods	25 transgender individuals (19 transgender women and 6 transgender men) and 7 healthcare professionals. Ages ranged from 18 to over 45 years.	Argentina	2016
A2[19]	Descriptive cross-sectional study	Quantitative	32 participants, 12 transgender men and 20 transgender women. The average age was 36 years, ranging from 18 to 81 years.	Canada and United States	2018
A3[20]	Descriptive cross-sectional study	Mixed methods	114 parents and 52 patients (12 years or older) from the Royal Children's Hospital Gender Service.	Australia	2018
A4[21]	Exploratory qualitative study with a phenomenological approach	Qualitative	8 transgender individuals (5 men and 3 women). The age range was not described.	Chile	2019
A5[22]	Descriptive-exploratory qualitative study	Qualitative	20 transgender patients aged 14 to 24 years (16 men, 3 women, and 1 identified as non-binary) and 16 caregivers.	United States	2019
A6[23]	Descriptive-exploratory qualitative study	Qualitative	9 transgender patients aged 13 to 17 years and 18 caregivers from the unit.	United States	2019
A7[24]	Descriptive-exploratory qualitative study	Qualitative	9 transgender women. Participants' ages not mentioned.	Brazil	2019
A8[25]	Descriptive-exploratory qualitative study	Qualitative	Two transgender women and one transgender man aged 29 to 62 years.	Brazil	2020
A9[26]	Cross-sectional empirical research	Qualitative	9 transgender people aged 19 to 51 years (4 transgender men and 5 transgender women).	Brazil	2021
A10[27]	Pilot assessment study	Mixed methods	24 transgender or gender diverse clients aged 11 to 17 years (fifteen male, eight female, and one non-binary).	Australia	2020
A11[28]	Descriptive-exploratory qualitative study	Qualitative	10 transgender participants (seven women and three men) whose average age was 29 to 39 years.	Brazil	2021
A12[29]	Descriptive-exploratory qualitative study	Qualitative	15 transgender or gender non-conforming/non-binary individuals (7 transmasculine, 4 transfeminine, and 4 gender diverse) aged 18 or older (most participants aged 18–34).	United States	2022
A13[30]	Before-and-after study	Quantitative	71 baseline survey responses and 84 trans participants during the follow-up period participated in the standard Press Ganey survey used to assess the implementation of the interdisciplinary inpatient team.	United States	2022
A14[31]	Before-and-after quality improvement project	Mixed methods	The baseline survey was completed by 55 of 328 respondents (17%) and the follow-up survey by 180 of 721 respondents (25%) comprised of parents and patients from a gender service at a hospital.	United States	2022

Legend: Ref – document reference.
Figure 3: Description of the studies included, published between 2016 and 2022 0(n=18). Cajazeiras, Paraíba, Brazil, 2024.

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Ref.	Study design	Sample	Sample	Country	Year
A15[32]	Exploratory research	Qualitative	14 respondents: 4 professionals who make up the multidisciplinary team and 10 transgender people (five transgender men, two transgender women, two people who identified as transgender because they are still in the transition process, and one person who identifies as agender. Of these 10 transgender people, the age profile ranged from 18 to 40 years.	Brazil	2023
A16[33]	Descriptive-exploratory qualitative study	Qualitative	4 transgender women aged 25 to 32 years.	Brazil	2023
A17[34]	Cross-sectional study	Mixed methods	24 transgender people (18 transgender women, 3 transgender men, and 3 non-binary individuals) aged between 18 and 80 years.	India	2023
A18[35]	Descriptive cross-sectional study	Quantitative	182 transgender patients (the most common gender identities were: 37 transgender women, 35 transgender men, and 28 non-binary individuals, in addition to those identified as gender diverse and others). The average age was 33.8 ± 12.1 years.	United States	2023

Notes: Ref – document reference.
Figure 4: Description of the studies included, published in 2023 (n=18). Cajazeiras, Paraíba, Brazil, 2024.

Regarding the country where the studies were conducted, Brazil and the United States accounted for the majority of publications (66.7%), with six studies each. Australia contributed two studies (11.1%). India, Chile, and Argentina each contributed one study (5.6%). Finally, one study was conducted simultaneously in Canada and the United States (5.6%). Participants' ages varied widely, ranging from 12 to 81 years or older, and some studies did not specify the age of the investigated population.

Although no restriction regarding publication year was established, given the intention to encompass the greatest possible number of studies relevant to a still-expanding topic, publications were concentrated between 2016 and 2023. The year 2016 accounted for 5.6% of the publications (n=1), whereas 2019 and 2023 stood out, each representing 22.2% of the studies (n=4).

The analysis and synthesis of the data, grouped according to similar themes, sought to answer the study question and provide a comprehensive overview of hospital care. This process made it possible to identify weaknesses in care delivery, recognize successful practices in different contexts, and understand recurring reports of discrimination, exclusion, fear, suffering, and the search for recognition in hospital settings. Based on thematic convergence among the findings, the results were organized into three analytical categories: access barriers; hospital settings; and human rights.

Access barriers: prejudice, misinformation, and lack of professional preparedness

The studies showed that, in general and non-specialized hospital services, trans people more frequently experience discrimination, misinformation, misuse of chosen names, and difficulties in accessing care from reception through clinical care. In contrast, in specialized gender services, although some challenges remain, reports of welcoming practices, respect for gender identity, and continuity of care were more frequent.

The studies by Donoso, Nuñez, and Parra-Villarroel[21], Sevilla and Abdal[18], Acosta *et al*.[23], and Rocon *et al*.[24] demonstrated that trans people's access to healthcare services in hospital settings is shaped by structural, symbolic, and geographic barriers. These include experiences of prejudice, discrimination, misinformation, and unequal distribution of services, factors that intensify inequalities in access to qualified care.

Furthermore, the studies by Cohen and Tilio[26] and Florêncio *et al*.[28] indicated that insufficient information regarding service operation and continuity of care constitutes an important barrier in the care trajectory of trans people.

Hospital settings: interdisciplinary care, communication, and the role of the family

Studies conducted in pediatric hospitals and specialized gender-affirming outpatient clinics described more positive experiences, particularly due to interdisciplinary care, qualified communication, and family involvement. In contrast, reports of embarrassment, invisibility, and care avoidance were more frequent in general hospital services.

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The importance of personalized and coordinated healthcare delivered by interdisciplinary teams that promote the exchange of knowledge and expertise regarding the trans population is highlighted[30]. The use of the Perth Gender Picture (PGP) communication tool, designed to explore and facilitate understanding of how gender identity is discussed in clinical settings, is described particularly among young people and healthcare professionals[27].

Previous studies addressed the perspectives of trans individuals receiving care in pediatric hospitals specialized in gender-affirming healthcare. The authors emphasized the importance of family involvement in the transition process, either as support for adherence to and retention in care or as a factor that may hinder the pursuit of such assistance. Furthermore, they highlighted the need for support tools to improve healthcare professionals' understanding of gender expression among adolescents and children[20,22].

Human rights: chosen name, dignity, and confronting institutional phobia

Among the included studies, the use of a chosen name was identified as a central element in the identity recognition of trans people and was associated, particularly in specialized gender services, with greater satisfaction with care and reduced anxiety[22,31,35].

Conversely, in general hospital services, reports of discrimination, mistreatment, disrespect for gender identity, and experiences of institutional phobia persisted, with negative repercussions on access to healthcare, the search for information, consultations, and appropriate treatments[34].

Overall, the studies indicated that respect for chosen names and identity recognition was associated with more positive care experiences and a greater sense of dignity within hospital settings.

DISCUSSION

One of the main barriers to healthcare access for trans people identified in the studies is the lack of knowledge regarding services that provide trans-affirming care and the limited dissemination of information about available services, resulting in a constant search for healthcare that meets their needs[18,19,26,32].

This ongoing search is not solely due to a lack of information but also reflects the institutional invisibility of the trans population within health policies and the fragmentation of the SUS healthcare network, which fails to ensure clear access pathways. This scenario reinforces historical inequalities and places responsibility on individuals to manage their own care within a structure that should be universal and comprehensive.

Furthermore, the implementation of the transsexualizing process in Brazil is hindered for trans women because the diagnosis of transsexuality, which is mandatory for access to services, is based on healthcare professionals' personal conceptions of what it means to be trans, including aspects such as lived experience and feminine appearance. This barrier may intensify suffering related to gender incongruence, leading many women to seek alternative means, such as self-administered hormone therapy, thereby increasing the risk of adverse events[24].

This scenario suggests the persistence of practices and understandings still shaped by a pathologizing biomedical logic, which may limit recognition of gender self-determination. By maintaining practices based on subjective criteria, the transsexualizing process reproduces symbolic violence and increases users' vulnerability.

Economic issues have also been identified as obstacles in the gender transition process across different contexts. In countries such as Canada and the United States, financial barriers are perceived by trans individuals as limiting access to gender-affirming surgeries[19]. In the Brazilian context, the problem persists during the postoperative period following gender reassignment surgery due to the high cost of products required for care, which are offered only to a limited extent or are not provided by the healthcare system. This situation further aggravates the circumstances of these individuals, most of whom have limited financial resources[24]. Another factor described as a barrier is the lack of support from friends and family members regarding gender-affirming surgery[19]. These findings may be interpreted not only as individual or administrative difficulties but also as structural obstacles in the organization of healthcare networks and the provision of care.

Regarding hospital settings, studies indicate that trans people are frequently targets of discriminatory processes, highlighting institutionalized transphobia and *travesti*phobia[28,34].

Insecurity and fear of experiencing discrimination and/or embarrassing situations are among the main reasons for avoiding healthcare in hospital settings[28,34]. Additionally, authors report discomfort experienced by this population in gender-centered clinical environments, such as urological and gynecological consultations, which has been identified as a factor that intensifies feelings of dysphoria[29]. Dysphoria refers to incongruence between the gender assigned at birth and the expressed gender and may be accompanied by psychological distress[36].

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These episodes should not be interpreted as isolated deviations in professional conduct but rather as expressions of structural and institutionalized transphobia within the healthcare system. By transforming hospitals into spaces of exclusion, the SUS fails to uphold its principle of universality, revealing the need for institutional protocols to address discrimination.

In the trans health outpatient clinic of a Brazilian university hospital, the care perceived by trans users was marked by discriminatory practices, disrespect for the affirmed name, and feelings of insecurity when accessing the service due to fear of negative consequences[28].

In contrast, specialized services providing multiprofessional care focused on gender diversity were associated with high levels of satisfaction among both trans patients and their guardians (in pediatric hospitals), in most cases[20,35].

In addition to providing hormone therapy and/or gender reassignment surgery, these services offer interdisciplinary support that enables this population to achieve a form of gender expression consistent with their identity. Multidisciplinary support, especially psychological support, was identified as a positively perceived aspect of care by trans individuals, along with respect for the chosen name, high-quality care, and a welcoming environment[30,32].

In the field of pediatric gender care, continuous and qualified matrix support contributes to the relief of suffering. In this context, the PGP, a playful and pictorial tool, facilitated clinical dialogue with users and enabled a more accurate description of gender expression[27]. This communication tool may be considered a relevant strategy for improving clinical dialogue and enhancing the hospital experience of the trans population.

In general, services providing qualified care to the trans population were recognized in the studies as offering respectful care that adequately addressed users' needs, with little room for improvement. Exceptions were identified in certain studies conducted in specialized outpatient clinics within Brazilian hospitals (two of them university hospitals), which were assessed by the target population as providing poor-quality care, characterized by institutional violence, difficulties in scheduling appointments, and inappropriate use of the affirmed name[25,26].

Regarding the rights of trans users, recognition of the chosen name by healthcare professionals is essential to guarantee individuals' dignity and identity. The use of the chosen name in medical records, curtains, doors, and identification badges, as well as the removal of gender markers from wristbands, enables the provision of trans-inclusive care that respects individuals' identity and self-expression[31,35].

Failure to recognize the chosen name extends beyond an administrative issue and is associated with experiences of identity invalidation, exclusion, and suffering in everyday healthcare interactions.

Failure to use the pronouns and chosen name preferred by a trans user may lead to psychological distress and constitute a significant stressor[24,28,29]. This suffering is intensified when healthcare providers persistently disregard the use of the chosen name[28], exacerbating feelings of frustration and disrespect perceived by the user, which hinders their retention in healthcare services[37].

In some cases, errors of this nature may occur unintentionally due to insufficient knowledge about gender among healthcare professionals and institutional staff, concealed under an authorization of "not knowing", thereby rendering this aspect of care invisible[25]. This scenario highlights the need for training regarding forms of gender expression and the specificities of care for this population in order to promote humanized and equitable care[23,26,29]. Such training should be provided through continuing education initiatives aimed at addressing service weaknesses and preventing negative repercussions.

It is important to emphasize that the absence of preparatory courses and continuing education programs on transgender cultural competence for healthcare professionals directly compromises the quality of care delivered by the multiprofessional team[28]. This deficiency hinders the development of humanized and effective care strategies and negatively affects the relationship between healthcare teams and users.

In an effort to mitigate these unfavorable inconsistencies in care, many of the studies proposed strategies and opportunities for improvement. In addition to respecting the chosen name and improving professional cultural competence, healthcare professionals' personal willingness and preparedness to provide humanized care should be assessed before exposing trans individuals to care permeated by prejudice and discrimination in sectors directly involved in their care[28], thereby avoiding negative repercussions at any stage of the transsexualizing process.

Overall, this study proved essential for mapping how trans people experience hospital care in its various dimensions, including the search for access, non-specialized care, the gender transition process, among others, while

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simultaneously identifying weaknesses within the healthcare network. These findings may support the development of continuing education strategies and more humanized protocols that can be incorporated into hospital-based services in order to provide trans-inclusive care and encourage the adoption of a gender-affirming model of care.

Study limitations

This scoping review presents limitations that should be acknowledged. Although the search was conducted rigorously and included multiple databases and gray literature sources, it is possible that part of the available literature on the topic was not retrieved, particularly non-indexed studies, difficult-to-locate publications, or materials that could have been identified through alternative descriptors. In addition, the heterogeneity of hospital settings, methodological designs, and populations investigated made it difficult to perform a more uniform comparison across the included studies. Therefore, although these limitations do not invalidate the findings, they indicate the need to interpret them considering the scope of the review and the methodological choices adopted.

CONCLUSION

The studies demonstrate the existence of structural and symbolic barriers that reflect prejudice and unequal access to healthcare services, particularly in services not specialized in caring for the trans population, generating negative impacts on the search for information and healthcare.

The mapping of the literature aimed at answering the study question made it possible to identify that, although care provided in specialized settings is positively assessed by trans people, it still faces challenges, such as limited dissemination of services and difficulties in access. Nevertheless, the essential role of multifocal care in specialized services, as well as the importance of continuous and qualified follow-up, are crucial elements in alleviating the suffering caused by gender incongruence. These elements include a welcoming environment and respect for the chosen name while taking into account individuals' specific needs.

Therefore, there is a clear need for professional training regarding the specificities of gender-related care. In this regard, the implementation of continuing education strategies for healthcare professionals is recommended. Intervention studies, such as action research, may represent a valuable approach to raising awareness about issues affecting trans people, with a focus on comprehensive, respectful, and humanized care.

Additionally, the findings reinforce the urgency of hospital protocols that are sensitive to gender diversity and the strengthening of public policies that ensure rights already achieved but still frequently neglected. Thus, this review may support managers, healthcare professionals, and policymakers in consolidating a hospital care model that respects dignity, promotes equity, and contributes to the comprehensiveness of the SUS.

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Authors contributions

Conceptualization, T.N.G.V., and M.C.F.; methodology, T.N.G.V. and M.C.F.; validation, D.P.S., M.V.G.V., A.K.C.G.A. and S.L.L.; formal analysis, M.C.F. and P.K.R.S.F.; investigation, T.N.G.V. and A.K.C.G.A.; resources, T.N.G.V.; data curation, T.N.G.V.; manuscript writing, T.N.G.V.; review and editing, T.N.G.V., D.P.S., P.K.R.S.F. and M.C.F.; visualization, D.P.S., M.V.G.V, A.K.C.G.A. and S.L.L.; supervision, M.C.F.; project administration, M.C.F.; financing acquisition, T.N.G.V. All authors read and agreed with the published version of the manuscript.

Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Experiences of trans people in hospital care: a scoping review*".