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"Treat us as a person": A narrative inquiry of experiences and expectations of interactions with pharmacists and pharmacy staff among people who are transgender

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ABSTRACT

Background: Despite the increased visibility of transgender and gender diverse (TGD) people, little is known about their interactions with pharmacists and pharmacy staff while accessing care from the pharmacies.
Objectives: The objective of this study was to explore the experiences and expectations of the TGD people regarding their interactions with pharmacists and pharmacy staff in Queensland, Australia.
Methods: This study is situated in a transformative paradigm and utilized narrative inquiry to conduct semi-structured interviews with TGD participants. An interview guide based on the relevant literature and the constructs of the Theoretical Framework of Accessibility was developed. Purposive and snowball sampling was used to recruit people who identified as TGD and had previously visited pharmacies to access care. Depending on participants' preferences, interviews were conducted face-to-face or via phone or Zoom application. Interviews were recorded, transcribed, and organized in chronological stories. Data were analyzed to derive themes from the participant stories.
Results: A total of 22 participants (transwomen = 11, transmen = 8, non-binary trans masculine = 3) were interviewed. Two major themes were identified, (1) Challenges of accessing care from the pharmacy and (2) Making the most of the interactions between TGD people and pharmacists. Major challenges of accessing care from pharmacies included anticipated anxiety of accessing care, healthcare system constraints, compromised privacy and confidentiality at the pharmacy, and being challenged about their gender. Many avoided interacting with pharmacists and staff or kept their interactions minimal. Participants recognized that pharmacists play a meaningful role in TGD health and provided insights about how pharmacists can improve care provision to TGD people.
Conclusion: Cultural and pharmacotherapeutic education in transgender health are crucial for Australian pharmacists and staff to provide inclusive, respectful, and person-centered care to TGD people.

1. Introduction

Transgender is an umbrella term describing individuals identifying with a different gender from their sex assigned at birth.[1] Even though the visibility of transgender people in society is increasing, many healthcare disparities remain for the members of the transgender and gender-diverse communities.[2] Many people who are transgender and gender diverse (TGD) have reported experiencing stigma, marginalization, and refusal of care in healthcare settings.[3–7] Some studies have found that these experiences, along with a lack of provider knowledge about transgender healthcare, have compounded the anxiety of TGD people about accessing personal care and created mistrust in the healthcare system.[5,6]

A few Australian studies have reported positive experiences for people who are TGD accessing healthcare.[8,9] These positive experiences included the healthcare provider's respectful and professional communication style and signs of inclusivity, such as the healthcare provider displaying LGBTIQA+ materials in the practice setting.[8,9]

People who are TGD may access pharmacies for medicines for gender affirmation and other healthcare needs.[10] There is a paucity of literature exploring the role of pharmacists in transgender healthcare from the perspectives of TGD patients. Although the experiences of TGD people have been captured in various healthcare settings, only two US studies have explored the perceptions of people who are TGD accessing care from community pharmacies.[6,7] Melin et al. found that TGD participants believed pharmacists' services such as medicine review, counseling on medicines and hormonal treatment, adverse effects and management, and preventative healthcare might improve their health.[7] However, more than 60% of participants reported that the pharmacists could not define the term 'transgender.'[7] Additionally, a study by Lewis et al. found that more than half of the TGD participants perceived that pharmacists had little or no

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competency in delivering gender-affirming care.[6] About 13% of participants reported avoiding accessing healthcare from the pharmacies due to past embarrassing experiences.[6]

Even though the awareness about the vital role pharmacists play in transgender healthcare is increasing, information about whether Australian pharmacists and staff are providing appropriate pharmaceutical care to people who are TGD is lacking.[11] Many studies have suggested that listening to the voices of the TGD community members and tailoring the educational activities with the involvement of TGD people is crucial for improving healthcare delivery to this community.[12–17] Therefore, it was important to explore the experience of visiting pharmacies in Australia for people who are TGD.

The study aimed to explore experiences and expectations of interactions with pharmacists and pharmacy staff among people who are TGD.

2. Methods

The transformative paradigm was selected as a philosophical lens because it promotes social change for marginalized populations.[18] The transformative lens guided the development of the methodology for this study. It provided the ethical principles embedded in social justice and human rights, which were applied throughout the research design and data collection process. It facilitated thinking about how this study might advance social justice by generating reliable data sensitive to the demands of this population on the margins. The questions were asked to explore the TGD people's experiences and enabled them to express their thoughts about how the pharmacy practice could be transformed. The researchers were aware that power and cultural differences exist while working with this community. They were required to provide a culturally sensitive and inclusive environment and to use appropriate and respectful language for communicating with the members of this community. These power differences were discussed at the research meetings, and the researchers recognized that although they had comprehensive knowledge and skills of research that were developed through their experience, the participants had lived experiences that they did not have. Hence, the researchers acknowledged their participants' knowledge and engaged in meaningful ways to learn from them. Guided by a transformative approach, the researchers ensured that the TGD people were recruited to participate in the study in a manner that was respectful of their culture and that their perspectives were heard throughout the process.[19] This transformational research required a selection of methods that would identify cultural norms, attitudes, and behaviors needed to provide culturally respectful, appropriate, and acceptable care for TGD people. Thus, a qualitative approach was selected to enable the researchers to understand these cultural norms, attitudes, and behaviors in the interactions of the TGD people with the pharmacists and staff.[19]

Narrative inquiry was chosen as a guiding methodology for this study because it enabled the experiences of people who are TGD and their ideas for change in pharmacy practice to be explored at a deeper and broader level.[20] A narrative inquiry technique was utilized to conduct interviews, which provided insight into the subjective experiences of TGD people while accessing care from pharmacies.[20,21] This technique allowed the researchers to listen to the past experiences of the TGD people regarding the provision of healthcare by pharmacists and pharmacy staff and how TGD people derive meaning from these interactions.[20,21] The researchers realized that transformation of the pharmacy practice might be necessary to deliver equitable and respectful pharmaceutical care to the often oppressed and marginalized TGD population. Therefore, hearing the voices of the TGD people was crucial for advancing social justice and human rights for TGD community members accessing care from pharmacies. Based on the principles of the transformative paradigm, the researchers carefully analyzed data knowing that multiple realities exist, ensuring that the data analysis represents the reality acceptable to the participants. Data from these interviews assisted in understanding how these life experiences impact access to holistic TGD healthcare and provided opportunities to improve TGD healthcare by addressing identified barriers with solutions.

A semi-structured interview directed the conversation towards the central phenomenon, the provision of TGD healthcare by pharmacists.[22] Based on literature[2,3,6,7,23,24] and the Theoretical Framework of Accessibility (TFA),[25] a semi-structured interview guide (Appendix 1) was developed to include broad, open-ended questions. Both inductive and deductive reasoning were used for developing questions. Three constructs of the TFA, namely, affective attitude, burden, and ethicality, guided the development of questions about TGD participants' experiences of interactions with pharmacists and staff. The constructs of perceived effectiveness and opportunity costs were utilized to design the questions about the positive interactions at the pharmacy and expectations from the pharmacists and pharmacy staff. The questions were designed to understand how pharmacists and staff can provide care that is acceptable to TGD people (Appendix 2).[22] The prompts for conversation, such as present and past experiences of pharmacy visits and thoughts about pharmacists' role in TGD care, enabled the gathering of unique and nuanced stories.[22] Consistent with the transformative paradigm, the interview questions were shared with each participant before the interview. While it can be argued that sharing interview questions beforehand might cause a loss of spontaneity in the conversation with the participants, sharing promoted a collaborative approach enabling the participants to take a more active role in the research, organizing their thoughts and recalling experiences of visiting pharmacies.[21] Additionally, knowing the questions beforehand enables participants from marginalized communities to feel safer and more comfortable.[26] The interview guide was piloted with two TGD people.

2.1. The research team and reflexivity

The principal researcher (SC) is a practicing pharmacist with experience in working with TGD people and completing a Doctor of Philosophy (Ph.D.) degree. RR and BG are experienced research academics and supervisors of this study. All researchers recognize that being cisgender women, they do not have a lived experience as a member of the TGD community and thus aim to understand the reality of the pharmacy experiences of TGD people through the interviews.

As described in the 'AusPATH public statement on gender-affirming healthcare, including for trans youth',[27] all researchers recognize that gender identity is not binary as usually viewed in a cis-normative world. They believe that healthcare professionals should interact with TGD people in a respectful and non-judgemental way. SC undertook training to ensure participants' cultural safety, used participants' preferred names (data anonymized after the interview) and pronouns, and respected their gender identity throughout the research process. Researchers also recognized that the provision inclusive environment was necessary for the participants to feel safe and welcomed in the space. SC wore her name and pronouns badge with transgender flag background to introduce herself to the participants. She used gender-affirming language and displayed transgender and rainbow flags in the interview room at the university to provide a welcoming and inclusive environment for the participants.

2.2. Participants and recruitment

Adult transgender patients were recruited using purposive and snowball sampling methods.[19] Consistent with purposive sampling techniques, support groups, and organizations for TGD people in Queensland were contacted and asked to advertise the study on their social media pages. This strategy allowed the researchers to purposively recruit participants whose life experiences equipped them with the information necessary to answer the research question. Interested TGD people were asked to contact the principal investigator (SC) for more information. The principal investigator sent an information sheet and a consent form for the study to interested participants and arranged online or face-to-face interviews according to participants' preferences. After obtaining written consent, interviews were conducted either online via the Zoom application or face-to-face at the place preferred by the participant. The face-to-face interviews were conducted either at the Pharmacy Department of the university or at

the cafe of the participants' choice. As TGD people represent a very small part of the population, snowball sampling assisted in recruiting possible participants identified through the contacts of already recruited TGD people.

2.3. Data collection

Semi-structured interviews were conducted using the interview guide. After asking the broad questions, follow-up and focused questions were asked to clarify any ambiguity or gain a more detailed response from the participant. The interviews were conducted between February 2021 and June 2021, digitally audio-recorded and professionally transcribed. The transcriptions were verified for accuracy by listening to recorded interviews and comparing data with the transcript. According to Morse's view of saturation, data saturation is reached when data in the participant stories starts replicating.[28] For narrative inquiry, the researchers looked for new and interesting information in the stories. Once the data revealed similar stories and no new issues were emerging, data saturation was achieved, and data collection was ceased.

2.4. Data analysis

Participants' personal stories were analyzed for meaning embedded in the social interactions between each transgender patient, their pharmacist, and pharmacy staff.[20] Data were organized into individual chronological stories.[20] These stories were then compared, coded, and categorized as concepts, behaviors, and events.[19] The principal investigator (SC) performed initial coding followed by a double-coding process with another researcher (RR) to ensure intercoder reliability. The codes were grouped into themes and sub-themes in discussion with the third researcher (BG), and the minor discrepancies in coding were resolved by consensus to ensure confirmability.[20] These preliminary themes emerging through the data were sent to the representatives of the TGD community via email. Representatives of the TGD community validated the preliminary themes for the correctness of the interpretation of their views in discussion with the other community members. This process respected their partnership in the research and increased the credibility of the results.

This study was reported using the Standards for Reporting Qualitative Research (SRQR) (Appendix 3).[29]

2.5. Ethics approval

Ethics approval for the study was granted by the Human Research Ethics Committee of James Cook University (Approval no. H8265).

3. Results

Twenty-two TGD people participated in this study (see Table 1).

Two key themes were identified across the participants' stories: (1) Challenges of accessing care from the pharmacy and (2) Making the most of interactions between TGD people and pharmacists.

3.1. Challenges of accessing care from the pharmacy

Participants who faced significant challenges while accessing care from a pharmacy never returned to that pharmacy. Instead, they chose to go to another pharmacy either where they felt welcomed or where they were asked minimum questions. Most participants reported challenges due to anticipated anxiety about accessing care, healthcare system constraints, compromised privacy and confidentiality at the pharmacy, assumptions of their anatomy by pharmacists and staff, lack of awareness of gender-affirmation therapies by pharmacists, and living in a rural area. Many avoided interacting with pharmacists and staff or kept their interactions minimal.

Table 1
Demographic information of participants (n = 22).

	Count (%)
Total	22
Gender	
Transman	8 (36)
Transwoman	11 (50)
Non-binary, transmasculine	3 (14)
Age, years	
18–30	3 (14)
31–40	9 (40)
41–50	4 (18)
51–60	3 (14)
61 and over	3 (14)
Location and MMM classification	
Rural and remote areas, MM 5 and 7	2 (9)
Small regional city, MM 4	1 (5)
Large regional city, MM 2	10 (45)
Metropolitan area MM 1	9 (40)

*Note: The MMM (Modified Monash Model) classification defines the geographical location by its remoteness and population size. MM 1 indicates a metropolitan area, while MM 7 indicates a very remote area.[30]

3.1.1. Anticipated anxiety

Overall, in the initial gender affirmation phase, most participants reported experiencing anxiety before visiting the pharmacy. They feared being asked invasive questions, confrontation about their gender-affirmation medicine use, and refusal of medicines. Most of them recognized it was just a fear, and their anxiety eased as they acquired secondary sexual characteristics of their affirmed gender.

"I have a name that doesn't match my body. I'm asking for hormones that don't match my body; in general, you catastrophize. Like you just go, oh, I'm going in there, and it's going to be all raised eyebrows and like ugh and ooh-aah, and you catastrophize all that stuff before you go in. All of the time that I've ever gone to get hormones, that doesn't happen. But it is a thing that scares a lot of people as they first go in, and it certainly scared me as I first went in, is more the perception of something going wrong than anything actually happening." (T4, Transwoman).

"I think back when I first started transitioning, and things were a little more obvious, and also when I hadn't yet changed my legal name. So, if you go right back to that time, it was very scary and awkward for me navigating new territory and feeling very mismatched. But I knew that I was heading in the right direction and, too, it would eventually be, you know, the ultimate goal was to transition to male. I knew I'd get there at some point. But in the meantime, I had to endure a little bit of, you know, uncomfortableness as I'm getting through each step." (T15, Transman).

3.1.2. Health system constraints

When some participants started affirming their gender medically, they faced the challenges posed by their names on the prescription being different from those listed on other documents, such as healthcare cards.

"I did have some issues with names and things. The psychiatrist that I saw would write my preferred name on the script, and then I couldn't get it because it's not on my Medicare. Then, the first time that I accessed hormones, there was a whole list of questions. It started when my name was called out, and my deadname was used. I was misgendered. This was very loud. Many other customers could hear this. It was very difficult."

(T6, Transwoman).

Participants reported experiencing deadnaming, misgendering, and sometimes refusal of care.

"It was always tricky when I was first transitioning if I would have - the prescription would be still written in my deadname, and so, of course, that's always an issue, particularly if you're in female mode, let's say. You know, you're yourself, and they call out your deadname to come and get your drug. My deadname was a particularly strong male name, just as my name now is a particularly strong feminine name. So, I guess from that perspective back then; I don't know what they do now. But I think it's important

that they learn preferred names and pronouns. But from my perspective, these days I don't have the problems because I've changed my name, so the scripts are written in my name." (T8, Transwoman).

3.1.3. Privacy and confidentiality at the pharmacy

Most interactions in pharmacies occur in a public space where other customers and staff can overhear conversations. Many participants expressed concerns about being outed to other customers or other pharmacy staff as there was no privacy at the pharmacy, especially when questions arose concerning prescription or medicine requests.

"When I first started to transition, I wasn't presenting female, and this caused some consternation with the pharmacist. Wanted to know if I was the person on the prescription if - why I wanted the hormones. They were quite loud about it, and it was quite embarrassing. This was all done in a very public manner in a very public place. It was excruciating, to be quite honest." (T6, Transwoman).

"That was a bit, he didn't come to the counter and have a conversation. He sort of just yelled it from his working station, and that was kind of like, really? Privacy and all, you know, kind of thanks, dude. We're not talking about bloody Panadol or something, you know, we're talking about thrush medicine for somebody who's standing here and you're making me feel like, you know - but that's only been once, but that was probably the worst experience I've had. The only time I've ever had a negative reaction has been from a male pharmacist." (T19, Non-binary trans masculine).

More specifically, this participant was devastated when such interactions occurred while visiting a pharmacy with a friend.

"..because I'm on an HRT or estrogen, she [pharmacy assistant] was concerned for blood clots, so she came out to the area where I was standing to check that I knew about the risks of blood clots with this medicine. However, I was standing beside a friend from church, who doesn't know I'm transgender, and I had trouble explaining to the pharmacist that I didn't want to talk about this in public. It was an unusual event, but she was concerned for my safety, the pharmacy assistant, but didn't realize doing it in a public place wasn't safe for me. That experience where someone accidentally was almost outing, they didn't do it in a private setting, so it was in a public place. They were the things that I would feel unsafe - in that pharmacy." (T14, Transwoman).

Many participants felt that living in rural areas was a disadvantage because of the challenges of maintaining privacy and confidentiality of information about their gender identity and gender affirmation process in these close communities.

"I'm really lucky with inner city that has really great trans doctors, really, I was just going to say I identify as binary male now, but I had a period of seven years where I was non-binary before I started testosterone. I've got lots of friends living rurally who are non-binary and do take testosterone. I think they would just have a whole extra layer of fear and worry every time they go [access it from pharmacies]." (T17, Transman).

3.1.4. "Challenged about my gender"

Participants often described needing to self-advocate for their gender-affirmation medicines. Some of them faced confrontation from pharmacists about their hormonal medicines, indicating a lack of pharmacists' knowledge about gender affirmation therapies. Participants who felt responsible for researching the gender affirmation treatments were knowledgeable about the medicines used for gender affirmation and had to educate their healthcare providers about their treatments.

"The first time I went there was a script for estradiol. I gave it to the pharmacist there who was like a cis guy, and he was - he had like a long conversation with me. I think he maybe just didn't know about trans people at all. So, he was like, so - I was going by my old name then - he was like, oh, so you know that this is like a medicine for menopausal women, don't you? I was like, yeah, I know that. It was like 'so you still want to get it?' and I was like, yeah." (T12, Transwoman).

"We have to prove ourselves every time we access - for instance, when I was in the hospital, I was on medicine for my blood pressure. I had to answer a whole load of invasive questions from the pharmacy department before they would allow me to have the hormones that I'd been on for ten years, or 12 years. You know, I tried to explain that it wasn't a question of whether I could take them or not, I had to take them because I don't produce any of my own." (T6, Transwoman).

"I had a piece of specular interaction with a hospital pharmacist at the pharmacy attached to the major hospital I had my heart surgery in, getting medicine at discharge. The pharmacist asked me why I was on transcutaneous estrogen because that's for ladies. Mate, I certainly wouldn't face it. I'd just had my chest cracked open. But the script would have said Mrs, the script said Mrs, and clearly in female attire in a roughly female form, so – and interestingly, she was a younger pharmacist - she didn't seem to be coping very well." (T11, Transwoman).

Participants reported that pharmacists and pharmacy staff assumed their reproductive anatomy based on appearance and sometimes refused to supply products. Many participants felt awkward accessing products specific to male or female bodies. Some of them needed to disclose their gender identities before accessing the product.

"One time that made me uncomfortable was actually from a male pharmacist because obviously I still have the - well, not obviously, but I still have the genitalia assigned to me at birth. So, when I had to access medicine for that, you know, the male pharmacist was like- is that for you? Why are you taking that, and is that prescribed to you by a doctor? It was just like, dude, far out, because you know I kind of know what I need. The pharmacy assistant had known me - or knows me, and so she had to go up to him and say, you know, this product is for this person." (T19, Non-binary trans masculine).

A potentially awkward encounter turned into humiliation for this participant.

"[After bottom surgery], I needed a douche to flush my vagina. I had this whole series of what do you want that for, what do you need that for; they don't work anally, why do you need to flush your own - and I'm- you know, it's for me, for my vagina. You haven't got one of those - This is an assistant. I left without my douche, and I left humiliated." (T6, Transwoman).

3.1.5. Avoidance behavior: Minimizing interactions

Most participants reported that pharmacists and pharmacy staff were professional in their interactions. Surprisingly (and sadly), many participants perceived having minimum or no interactions with pharmacists or pharmacy staff as a positive experience.

"I've been met with professionalism every time I've gone into a pharmacy. I've never had a negative experience getting hormones, specifically. I don't want to have those conversations with people at the counter of a chemist. I know what I want, and I just want to get that and get out." (T4, Non-binary trans masculine).

"I say positive in the fact that there's sort of been no questions asked, really. So, medicine was provided as per my script without any questions about why or anything. So, that for me is a positive experience." (T7, Transman).

3.2. Making the most of interactions between TGD people and pharmacists

Participants recognized that pharmacists play a meaningful role in TGD health and provided insights about how pharmacists can improve care provision to TGD people.

3.2.1. "Treat us as a person"

When accessing care from pharmacies, the participants expected to be treated like regular human beings and not as something different because they are TGD people. Participants reported feeling welcomed at the pharmacies where pharmacists and staff provided services with a friendly attitude, building rapport with their clients and establishing a trusted relationship.

"..definitely just want people to be friendly. If people aren't friendly, as a transgender person, that's always my first thought, that it's because I'm transgender, which is ridiculous because before I came out as transgender,

sometimes people were still unfriendly to me. They were probably just having a bad day." (T18, Transman).

"It's that judgement; it's that being told you're not who you are... we are certainly downgraded. So, just to treat us with respect, don't treat us like a joke, and if we want a douche, we need a douche, not a thousand questions. Don't laugh behind the till with your friend. These things have happened -pharmacy assistants think it's a real joke, but it's not; it's real-life for us. There might not be many of us, but we are human, and we have all the emotions and all the thought processes of our target gender, and we need them to understand that." (T2, Transwoman).

"Well, their interaction hasn't been any different to me from when I used to present as male. So, you know, I've been going to these chemists for years, so they knew me beforehand and they knew me after it. Now, I don't know if it's the same staff and things like that. It's not as if I'm at the chemist every day of the week. So, I've been going for years. They probably recognize me and probably noticed my gradual transition and everything else but, as I said, it's all been - I used to have positive experiences when I was presenting as male as well, not that I knew them by their first name or anything. But other than that, they just treated me before transition the same as after transition."

(T9, Transwoman).

3.2.2. Appropriate verbal and non-verbal communication

Participants expected pharmacists to educate themselves about TGD people to avoid the need for inappropriate personal questions.

"Don't ask me invasive questions; obviously, they need to ask have you had this before, do you know about the side effects. So, they normally do that for most of my medicine, so like normal medical questions, they'll ask. That's their job. Nothing like invasive that you wouldn't ask a person." (T5, Transman).

Participants experienced non-verbal clues such as weird looks, staring, unfriendly facial expressions, and gestures at pharmacies, suggesting pharmacists and pharmacy staff need to be aware of their body language.

"I think in general, transgender people tend to - have to get pretty good at reading body language pretty quickly because sometimes you can end up in hostile situations. You become sort of heightened aware of how people are reacting to you. So, I guess that's like something that may be pharmacists would want to be aware of, that those - their displeasure is perhaps more obvious than they realize it is sometimes, you know." (T18, Transman).

"This was early in my transition, and it would be fair to say that I was quite masculine in appearance, talking about facial appearance and structure. There was the occasional disapproving look from some of the young ladies who were working." (T11, Transwoman).

"But they might make kind of a like a face or just you can tell from their body language that they're not really liking the scenario or the situation or me." (T15, Transman).

3.2.3. "My medical transition is not an illness – it's about the quality of my life"

Participants emphasized that while transitioning is complex, pharmacists should know that being transgender is not an illness. Gender-affirmation medicines substantially improve quality of life.

"The healthcare circumstances for transgender folk who are medically transitioning is a fairly complicated balancing act for healthcare professionals. My medical transitioning is not an illness; it's a set of adaptive behaviors; it makes a substantial difference to my quality of life. So, I don't want my hormone replacement to be seen as some sort of illness. At the same time, I don't want anyone to pretend that there aren't some risks for a 60-year-old-plus human who's still having estrogen because there are. So, I'm asking my pharmacist to be partly blind to the fact that I'm on estrogen, but I'm asking them to be aware that I'm on estrogen. Additionally, I'm asking them to be aware that I have a whole set of health risk profiles that belong to my 46 XY status." (T11, Transwoman).

Some described their hormonal medicines as lifesaving and essential for their mental health.

"I had a pharmacist one time saying you know at this level it's going to do damage to your kidneys or liver. I said, yes, probably. I'm aware of that. They said, well - it was like, then why are you doing this. I'm doing it because if I get - if my liver packs it in at 70 because I've been taking these hormones for 50 years, well, I've actually lived 50 years longer than what I would have without it. The pharmacist was in shock, because literally it's actually lifesaving medicine for trans people - it's, you know, HRT to me is more than just changing my body or giving my body the right amount of estrogen. It's also part of my mental well-being because I know when I went down to Cloncurry, I left my hormones at home, and I was thinking, oh, I should drive back and get it, will I drive back and get it? It was playing on my mind. But then I was, it's three days, I figured, look, I'll just get home with a big beard. So, it's your mental health well-being, but it's also our physical well-being because without the medicine that helps balance us out, and I know I would more than likely end up self-harming again, particularly if the anxiety and pain take over." (T8, Transwoman).

3.2.4. Create an inclusive environment

Some participants suggested pharmacists should provide a welcoming and inclusive environment by displaying TGD-friendly materials and transgender or rainbow flags.

"If pharmacists can display a small trans-friendly flag somewhere in the corner of the pharmacy or something like that, it would let transgender people know that it is going to be okay when they come in and ask for their medicine. That's probably one of the few things, just to help people get over those initial hurdles and once it all becomes fairly normal to them, it's not so bad." (T1, Transwoman).

"The place I go to locally, they don't need those name tags to remind themselves that they are making an effort to be inclusive because they're succeeding. But as a general principle, those little symbols go a long way for folk in my community. When people have gone to the effort of putting on one of the little bits of iconography up, it means they are interested and not exclusive. Those sorts of things do actually help a lot." (T11, Transwoman).

3.2.5. Gender awareness education

Participants stated that pharmacists and staff should seek training to become aware of sex, gender, and sexuality concepts.

"I ideally would like [pharmacists] to be educated on trans people. I think everyone really should be because more and more people are feeling more comfortable with coming out nowadays, and the more people with knowledge on the topic, the more they can spread that information around and the more accessible the world is for trans people." (T16, Transman).

"My personal experience has been mainly of people who have been affirming of me as me. That's certainly not a universal story amongst the members of my community, which suggests to me that I would be quite surprised if you did not end up with conclusions about some of the basics of gender, sexuality and biological sex as different parts of a human. Some of those basics might need to be taught to pharmacists and pharmacy students and their allied staff." (T11, Transwoman).

3.2.6. Provide information about medicines and drug interactions, and conduct home medicines review

Participants reported that pharmacists were more accessible and reliable in providing information on medicines. Accredited pharmacists in Australia provide medication review services at patients' homes or residential aged care. Some participants stated they might seek pharmacist services such as home medicine reviews from gender-aware pharmacists. However, some participants lacked confidence in pharmacists' knowledge and were cautious of the services provided.

"Just to make sure that I am safe if the medicines that my GP might put me on contraindicate, or there's a risk. It hasn't happened yet, but that would be great, that they could say, are you aware that this tablet, even if it was say St John's Wort for - things like that. Those things are really important for me to keep safe. So, I'm aware that my pharmacist would actually

warn me or just point out that there's a contraindication or not safe, so I know that they would be proactive with that." (T12, Transwoman).

"Actually, one pharmacist, he didn't even know that I had the fatal drug allergies because I'd stopped at a pharmacy, I didn't normally go to on the way home. He was quite insistent about giving me an information sheet about a new medicine a doctor had prescribed me to try. If he hadn't been really insistent in giving it to me, I might not have read it, and it was actually really lucky that I did, because it turned out the medicine was in the same class as the one that I'm fatally allergic to, and it might not have caused a reaction, but it could have also killed me. I didn't end up taking it. So that sort of information can be quite useful. It doesn't have anything to do with transgender but that's certainly important to me and it's helped me from pharmacists in the past, definitely." (T18, Transman).

4. Discussion

This is the first study that provides in-depth insight into the experiences and perceptions of TGD people regarding accessing care from Australian pharmacies. Significant challenges to accessing care were identified, along with opportunities to make the most of the interactions between TGD people and pharmacists, proposing solutions to provide appropriate and person-centered care to people belonging to the TGD community.

Although friendly attitudes and standard customer service from the pharmacy were perceived to be vital for making most of the TGD client and pharmacists/staff interactions, some participants experienced disrespectful interactions. As guided by the Pharmaceutical Society of Australia's Code of Conduct and Practice Standards, pharmacists are required to deliver respectful and person-centered healthcare to all people.[31,32] Despite this, TGD participants in this study experienced deadnaming, misgendering, and sometimes refusal of care from pharmacies, similar to the previous two studies.[6,7] Such incidences may significantly affect the physical and mental well-being of people who are TGD and may cause delay or avoidance in accessing care from pharmacies.[6,33] Therefore, the need for education about TGD cultural awareness and sensitivity for pharmacists was evident in this study. Cultural awareness education is vital to recognizing and avoiding personal biases and assumptions about gender identities.[12,34] Such education is required to discard stereotypical ideas about TGD people and recognize that the TGD community is as varied as any other population group.[34] This understanding is crucial for avoiding inaccurate assumptions of the healthcare needs of people who are TGD and for providing non-judgmental care.[12,34]

As highlighted by the study participants, pharmacists can provide inclusive environments for people who are TGD by displaying TGD flags, stickers, or brochures about the LGBTIQA + community. Pharmacies may develop and display their non-discrimination policies to indicate their support for people with diverse gender identities and sexualities. These little signs of inclusivity are important for TGD people to feel safe and welcomed and may ease the anxiety of accessing care from pharmacies. Being a multicultural society, Australian pharmacists may be aware of the cultural differences and that they are required to provide care to all clients respecting the clients' cultural backgrounds. Our data indicated that the communication with pharmacy staff is influenced by the greater community environment and community itself. Exposure to a more accepting community that acknowledges cultural differences may minimize bias and improve the care the pharmacy staff provides to the TGD people.

Some TGD people may not have their preferred names on documents such as birth certificates, driver's licenses, and healthcare cards.[35] Therefore, they received their medications labeled in their legal name. This may be due to the limitations of electronic medical records or the requirements of healthcare billing systems.[23] To avoid confrontation over names, some participants in this study went so far as to tear off dispensing labels attached to medicine packaging as it was labeled under their legal name and not their preferred name. Discarding medicine labels may have serious consequences, such as consuming inaccurate doses, taking the wrong medicine, and missing cautionary warnings.[36,37] The national standards for labeling dispensed medicines ask pharmacists to "consider cultural naming conventions, the consumer's preferred name, and whether additional names are needed to assist identification" while labeling medications.[38] Incorporating fields to record patient's preferred name, legal name, gender identity, sex assigned at birth, and pronouns in all dispensing software and electronic medical records are therefore essential for dispensing medications with patient's preferred names and ensuring medication safety.[35] TGD people should be provided with the opportunity for updating these personal details in their medical records.

Pharmacists and pharmacy staff often obtain personal information and inquire about health issues and medication history to provide person-centered care to their clients.[37] However, asking for such information or providing consultation in the general area of the pharmacy may compromise privacy and confidentiality.[39] Such encounters were experienced by the participants of this study and caused accidental disclosure of their gender identity to other staff and clients at the pharmacy. If privacy is compromised, some clients may not disclose their private information to the pharmacists, leading to dispensing of potentially inappropriate medicine or the provision of incorrect advice.[6] Although pharmacies are busy places, the pharmacist and staff should mindfully use private spaces for consulting people who are TGD to reduce the incidences of accidentally outing them to staff and other clients at the pharmacy. If such space is unavailable, utilizing other strategies such as lowering voice, telephone consultations, using a quiet area in the pharmacy and notifying the patients about quiet times in the pharmacy may protect patient privacy.[39]

This study shows that pharmacists lack pharmacotherapeutic knowledge about gender affirmation therapies. This knowledge gap may affect the trust of TGD people in accessing care from pharmacies.[3] A recent Australian study on pharmacists' experiences of LGBTI healthcare provision identified that pharmacists lacked confidence in their knowledge about gender affirmation therapies.[11] Education about gender terminology and gender affirmation therapies for TGD people has enhanced pharmacists' and pharmacy students' attitudes and knowledge of providing care to TGD people.[40–45] Information about whether such education is integrated into Australian pharmacy curricula and continuing professional education activities is lacking. A commentary by Newsome et al. has shared practical recommendations of topics and strategies for the inclusion of TGD care in pharmacy curricula to ensure pharmacotherapeutic and cultural competency of pharmacy students in TGD care.[12] Recommended strategies included providing holistic care to people who are TGD and incorporating TGD care throughout pharmacy curricula in the relevant sections to provide multiple exposures to the topics for strengthening the understanding of the topics.[12]

Participants of the study identified the important role pharmacists play in their care. However, to engage in meaningful delivery of pharmaceutical care to TGD people, pharmacists and staff need to proactively seek education in TGD healthcare. Including transgender healthcare education in continuing professional education and pharmacy curricula is essential for improving cultural competence and bridging the pharmacotherapeutic knowledge gap. Such education will enable pharmacists to communicate confidently while providing respectful pharmaceutical care to TGD people in Australia. Future research is required to evaluate the impact of such transgender healthcare education on the knowledge and attitudes of Australian pharmacists towards their TGD clients.

5. Limitations

This is the first study exploring the perceptions and expectations of transgender people in Australian pharmacies, which ensured the representation of transmen and non-binary people, a population generally lacking in the TGD people literature. However, although all trans and gender-diverse people were invited to participate in the study, not all gender identities were captured. Therefore, the issues of accessing care from pharmacies for people with gender identities such as sistergirl and brotherboy may have remained unidentified by this study. Another limitation of the study could be that the findings may not be generalized universally as the data were obtained only from Australian participants, mainly from Queensland.

The differences in cultural and social views towards TGD people and variances in the pharmacy settings in other countries may affect the generalisability of these findings.

6. Conclusion

TGD people in this study continued to experience barriers to healthcare, such as misgendering, dismissal of their gender identity, and refusal of care in pharmacies in Queensland. Primary factors contributing to this situation include pharmacists' pharmacotherapeutic knowledge gaps and a lack of cultural sensitivity in pharmacies. The likely barriers to accessing care from these pharmacies were anticipated anxiety about accessing care, healthcare system constraints, compromised privacy and confidentiality at the pharmacy, and being challenged about their gender. Transforming pharmacy practice requires education about TGD healthcare to be included in continuing professional education and pharmacy curricula. Participants of this study suggested that providing education about creating an inclusive pharmacy environment, using appropriate culturally respectful language, and training pharmacists about gender-affirming therapies may address the identified barriers. Such education would equip Australian pharmacists and staff to deliver equitable person-centered gender-affirming care to TGD people and improve the confidence of TGD people in accessing pharmaceutical services from Australian pharmacies, thus enhancing their quality of life.

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Declaration of Competing Interest

The authors declare no conflict of interest.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.rcsop.2022.100198.

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