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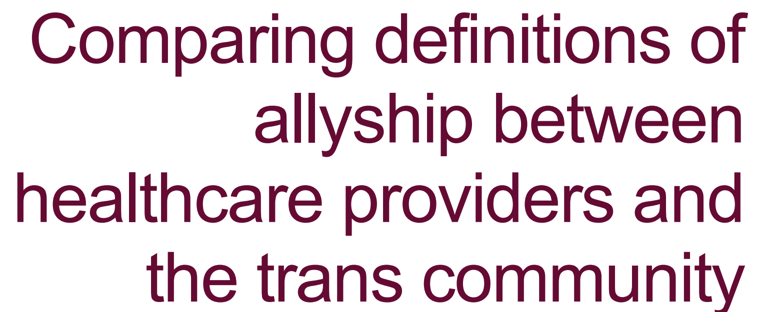

Comparing definitions of allyship between healthcare providers and the trans community

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Hamilton Trans Health Coalition

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Executive Summary

Trans people historically and currently face many barriers when accessing healthcare, including providers lacking knowledge of healthcare needs, denying transgender people healthcare, and refusing to provide appropriate services (Giblon & Bauer, 2017). It is then important for service providers to practice "allyship" with their transgender patients to improve healthcare experiences and health outcomes. The purpose of this report is to understand how providers define allyship with their transgender patients in the context of healthcare and compare their definitions to how transgender patients define allyship in healthcare, to identify gaps and opportunities for further learning.

We conducted semi-structured interviews with seven healthcare providers practicing in Hamilton, Ontario to understand their definitions and practices of allyship. Using thematic analysis, we analyzed and grouped responses. The board of Hamilton Trans Health Coalition (HTHC), which is made up of transgender and gender diverse people, developed a definition of allyship for comparison.

We found many similarities between provider definitions and the definition created by HTHC, including the following themes from providers: listening to trans people about their experience, considering the experiences of trans patients, advocating for patients, helping patients with system navigation, creating a safe space for patients, and continuously learning. The strong overlap in themes may be due to the limited sample of providers we were able to interview as well as the similar positive views towards trans people shared by all providers interviewed, which we know from other research is unfortunately not a sentiment shared by all healthcare providers. For the purposes of training, we identified that trainings should center trans voices and experiences, allow opportunities for providers to share best practices (for instance how to effectively use electronic medical record systems to record clients preferred name and pronouns), include resources for gender-affirming services in Hamilton and surrounding areas so providers feel confident making referrals, and discussing appropriate language to use with patients.

The recommendations included in this report can be applied to future trainings to help support healthcare providers in their practice of allyship.

Definitions

Transgender – a term used to describe anyone whose gender is different from their assigned sex at birth. It is often shortened to "trans". This term can be used for those who identify within or outside the gender binary (Gender Spectrum, 2019).

Non-binary – an umbrella term to describe someone whose gender falls outside a binary of man or woman (Gender Spectrum, 2019).

Genderqueer – an umbrella term to describe someone whose gender identity, roles, or expression do not conform to convention (Gender Spectrum, 2019).

Gender diverse – a term used to describe people who experience gender outside of a binary system. This may include people who identify as gender-nonconforming, non-binary, genderqueer, and many other identities (Gender Spectrum, 2019).

Introduction

Hamilton Trans Health Coalition (HTHC) is "a non-profit coalition of healthcare providers, advocates, and community members working to increase the capacity of health systems in Hamilton, Ontario to meet the needs of trans, gender-diverse, and non-binary people". HTHC has been working to deliver good quality care to trans and gender-diverse folks by providing primary care providers with necessary tools and resources to address the needs of the community.

Through their work, HTHC has received feedback from the trans and gender-diverse community that there is a lack of meaningful support from "allies" in healthcare. HTHC seeks to better understand the gap between how primary care providers enact and define allyship, in comparison to the trans community. This information can be used to inform trainings that educate providers to help trans and gender-diverse patients feel genuinely supported by their healthcare providers.

HTHC approached McMaster Research Shop to conduct interviews with primary healthcare providers to understand healthcare providers define allyship and how they enact it in their practice. The results of this report will be used by the HTHC to inform the development of strategies to align providers' attitudes and behaviours with expectations and needs of the trans and gender-diverse community in healthcare settings.

Scope

We conducted interviews with healthcare providers within Hamilton to understand their perspectives on allyship within their practice. Inclusion criteria was broad and included more than primary healthcare providers or only those providing gender affirming care. This is because allyship is not specific to one specialty area, and basic acts of allyship like using the correct name and pronouns of patients/clients can be practiced regardless of the type of care these professionals provide.

Research Objectives

In this report, we aim to answer the following questions:

1. What are the definitions of allyship that healthcare providers have?
2. How do healthcare providers' definitions of allyship compare to the trans community?
3. What are the challenges and barriers healthcare providers face in enacting their definitions of allyship?

Report Organization

The report is organized into five main sections as outlines below:

- **Background** – a brief background on allyship in healthcare, including a summary of the previous report the Research Shop prepared for HTHC which looks at the reasons providers offer gender-affirming care.
- **Methods** – a summary of the recruitment methods we used, population we interviewed, and analysis of the interviews.
- **Results** – a discussion of the key themes from the interviews and examples of patterns we found across transcripts.
- **Discussion** – a summary of key themes that emerged from our interviews with healthcare providers
- **Recommendations** – our recommendations for HTHC trainings to help target providers understanding of allyship and opportunities for improvement

Background

Historically and presently, transgender and gender non-conforming patients have been medically underserved in Canada (Giblon & Bauer, 2017). In Ontario alone, an estimated 43.9 percent of transgender patients reported an unmet healthcare need within the past year, based on a 2017 community-based survey. Reported barriers include lack of knowledge from healthcare providers about the specific needs of transgender patients, denying transgender patients healthcare altogether, and refusing to provide appropriate care (including hormone therapies, puberty blockers, and gender-affirming surgery). Additionally, many transgender patients have reported avoiding seeking health care. For example, 21% of transgender patients reported not accessing emergency healthcare services when they needed emergency care (Giblon & Bauer, 2017), while 52% of patients reported experiencing negative treatment by healthcare providers because of them being transgender, including insulting language (Giblon & Bauer, 2017). A vast majority of transgender patients also reported not being comfortable discussing transgender issues with their regular healthcare provider (Giblon & Bauer, 2017).

In 2021, HTHC partnered with McMaster's Research Shop to investigate possible reasons for the low prevalence of gender-affirming care within primary care practices in Hamilton. As defined by HTHC, gender-affirming care consists of care related to both medical and non-medical aspects of transition. The research team conducted a literature review and survey to identify both barriers and motivators to providing gender-affirming care (Denicola et al., 2021). The survey consisted of multiple choice, Likert scale, and closed ended questions that were answered by primary care providers. Common barriers reported included low confidence in one's ability to provide appropriate care, a lack of sufficient knowledge and training, and a lack of access to training resources (Denicola et

al., 2021). Further, common motivators included high comfort level in interacting with transgender, non-binary, and genderqueer patients, as well as holding attitudes and values that were consistent with providing gender-affirming care. Based on their survey results and literature review findings, the researchers proposed two avenues which if acted on could increase the availability of gender-affirming care in Hamilton. These included improving access to educational and training resources as well as developing a community of practice where collaboration with gender-diverse communities exists and primary care professionals can receive support they require (Denicola et al., 2021). In the current study, we aim to address the first of these recommendations by understanding any overlap or gaps in providers understanding of allyship towards their trans patients in healthcare; this may help us identify areas where training would be beneficial to improve providers understanding of how to practice allyship.

Allyship is a term that does not have a singular clear definition. The Anti-Oppression network defines allyship as “an active, consistent, and arduous practice of unlearning and re-evaluating, in which a person in a position of privilege and power seeks to operate in solidarity with a marginalized group” (The Anti-Oppression Network, 2011). Egale Canada further explains that allies are those who believe in the dignity and respect of all people and take action by supporting and advocating with groups experiencing social justice, including racially diverse, Indigenous, queer, trans and gender diverse people (Egale Canada, 2017). In the workplace, allyship has been described as a “a *strategic* mechanism used by individuals to become *collaborators, accomplices,* and *co-conspirators* who fight injustice and promote equity in the workplace through supportive personal relationships and public acts of sponsorship and advocacy” (Melaku et al., 2020). In the healthcare context, it can be seen as a strategy to promote the culture of inclusion and advance health equity in relationships with patients, colleagues, and communities (Feroe, 2023; Martinez et al., 2021; Noone et al., 2022). Examples of allyship to transgender patients may include ensuring that the location of care is a safe space for patients, being educated on transgender needs and issues, championing the voices of the transgender community, and advocating for change of oppressive practices within the local or broader healthcare system (Ballard et al., 2022).

For the purposes of this study, the HTHC board met to create a definition of allyship representative of Hamilton’s trans community. The HTHC board is made up of all trans people who discussed various perspectives on their experience in healthcare and created a unified definition of allyship to share with us, as follows: “Amplifying the voices and position of marginalized folks and showing solidarity through openly condemning bigotry, recognizing how different modes of oppression overlap/intersect, and leading by example (especially as it relates to appropriate pronoun usage, etc.)”

Methods and Limitations

Methods

Participant recruitment

To understand the perspectives of healthcare providers in Hamilton, Ontario, we conducted semi-structured online interviews with providers over the month of March 2023. For the purposes of this study, we defined healthcare providers broadly to include any professional providing health services, including physicians, nurses, and therapists. Given anticipated challenges in recruiting eligible participants, we decided to implement a purposive sampling strategy. Specifically, participants were recruited from HTCH's email list to identify participants who are interested in and currently enacting allyship. The Research Shop and HTHC also posted on Instagram, Twitter, and Facebook to recruit participants. Researchers collected verbal consent from all participants at the start of their interview.

Participant interviews

As outlined above, our community partner (HTHC) proposed four primary research questions. Based on these questions, we developed a semi-structured interview guide (see Appendix A). Using Zoom, two interviewers conducted online interviews over a three-week period. Each interviewer was given the flexibility to ask additional questions not listed in the interview guide to help extract detailed responses from participants. Examples of these additional probes are presented as bullet points within Appendix A. The interviewers implemented a funneling approach were they first asked broad questions about allyship followed by more specific questions. Given the sensitive nature of the research scope, we chose this approach to allow the interviewers to build rapport with each participant. Rapport is an important aspect to uphold as it can influence to what extent participants feel comfortable disclosing certain pieces of information.

Transcribing and coding interviews

To describe commonalities among the healthcare providers' views of allyship, we conducted a thematic analysis in accordance with the steps outlined by Braun & Clarke (2006). First, two reviewers assessed the transcripts for accuracy, made any necessary edits, and de-identified participant names. We then followed a data-driven approach to creating a codebook (Braun & Clarke, 2006). This involved familiarizing ourselves with the data, developing initial codes, as well as identifying what definitions for what does and does not fall into each code. Next, each reviewer coded the interviews and checked for agreement between each other. In cases where there was a discrepancy, the reviewers discussed the code in question until a consensus was reached. Lastly, through searching

for similarities, we separated the coded data into potential theme categories. We then reviewed, refined, and named each theme.

Limitations

There are two important limitations in this research: the number of participants, and the types of people participating. Through our recruitment efforts, we completed seven interviews with healthcare providers. This population is known to be difficult to reach due to lack of availability and burnout, which has increased since the COVID-19 pandemic (Gajjar et al., 2022; Wilbiks et al., 2021). For this reason, we kept the interviews short, offered many timeslots for participants to sign up, conducted interviews via Zoom, and made the sign-up process easy by allowing providers to book themselves in. With a small participant pool, we are able to discuss emerging themes and commonalities in sentiments towards allyship in healthcare, however it is hard to make broad assumptions based on the limited perspectives. To learn more about providers' experience and views on allyship towards the trans community in their practice, key themes from this study could be used to help guide low barrier data collection methods such as surveys.

The second limitation is who participants were. Due to our recruitment pool being primarily people connected to HTHC, participants with more positive views towards the trans community and deeper understandings of allyship may have been more likely to participate in an interview. Unfortunately, we know that this is not representative of all healthcare providers and that we did not capture the perspectives of those with limited understandings of allyship (or who are apathetic towards or even opposed to allyship). For this reason, our results and the subsequent recommendations should be viewed as a reflection of those who are interested in providing good quality, safe care to transgender people.

Findings

Figure 1 visually depicts the themes emergent from the interviews. Definitions of each theme and sample quotes are available in Appendix B.

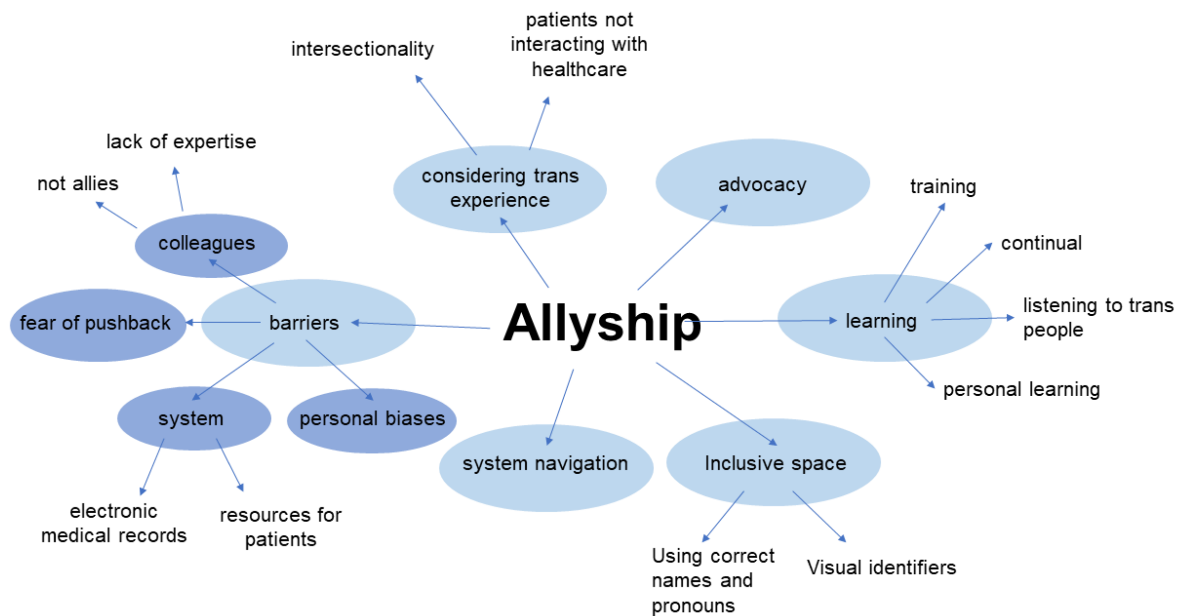

Figure 1. Themes identified in healthcare provider interviews about allyship towards trans patients.

Definitions of Allyship

All of the interview participants discussed allyship as important to their work. Throughout the interviews, providers specifically discussed allyship as an action. One person called out the need for action saying, “it can't just be things that you say. So it's mostly about behavior. But it is sometimes also about words” (Participant #6). Another participant specifically called out against performative allyship: “Well, I think it's really important to sort of distinguish between being a true ally and performative allyship” (Participant #7). The themes identified primarily pertain to the ways providers enact allyship and the perceived barriers they face.

There were five main themes providers discussed as part of allyship: creating an inclusive space, system navigation, considering trans experience, advocacy, and learning.

Creating an inclusive space

All providers discussed the use of the correct names and pronouns for patients and the importance of affirming a patients identity. In this discussion, electronic medical records (EMR) were mentioned by many; one provider said that they found EMR systems at their job now include fields for preferred names and pronouns which can be helpful for them in ensuring they use the correct name and pronouns for their trans patient.

Only one provider mentioned using visual identifiers: “just a couple of other examples would be like safe space posters and stickers around the clinic. And then I also have, you know, some pins and whatnot like visual identifiers on my lanyard” (Participant #4).

System Navigation

Providers mentioned referrals to or sharing information about clinics that offer specific gender affirming care or legal name change services as a part of their practice of allyship: “So oftentimes I’m with folks helping them advocate for best care and surgeries, gender affirming surgeries. And I think oftentimes helping folks with systems based things as well. So whether it be name changing. And it can be a complex system that isn't equitable for a variety of reasons, not just gender, but in terms of ease of access, and just like doing all the parts that makes something that's already hard harder. I can help navigate that to make the systems parts, I hope, feel easier” (Participant #3).

Advocacy

Providers discussed examples of advocacy for patients that they had engaged in. For instance, Participant #2 shared the following story: “I actually had a situation one time where a police officer was bringing in a male to female who was quite agitated, and he was deadnaming her, and being very difficult, and not understanding at all, which kind of then escalated her behavior. And then, once we kind of got to the root of the cause of the issue, it was because he had taken away her dilators, and she had recently gotten bottom surgery, so she had to be dilating every I think one to two hours, and so, because it was so new, and she'd waited 10 years to get the surgery. She was adamant that she needed to dilate, but unfortunately, she was in police custody, so that allowed me to kind of get in between what was going on. Thankfully she didn't have any medical concerns, but that was something that I could facilitate. Then, once she had dilated, you know her concerns and behavior came right down, and she was thankful, and that's all she really wanted, truly.” This participant also went on to discuss have a conversation with the police officer afterwards about the importance of the situation, continuing to tell them “I don't even care if you understand it. All you need to do is respect it.” Several other providers gave definitions of allyship that included speaking up if someone else is being transphobic and generally using their position to speak up for their trans clients.

Considering Trans Experience

Listening to trans people and empathizing with their experience emerged under multiple themes as a way to enact allyship. Some providers discussed the importance to them in understanding trans people’s experiences and trans history to understand why patients may be hesitant to access healthcare services. Further to this, the idea of intersecting identities was mentioned as a consideration, for instance patients who are both trans and non-white, may face additional barriers to accessing the care they need. As part of learning, providers discussed listening to trans people as an important way to understand

these experiences so that they could offer better care. Additionally, three participants self-identified as member of the LGBTQ+ community, and said they drew on their own experiences to inform their practice.

Learning

Other aspects of learning mentioned were training and continuous ways of learning. One provider specifically mentioned wanted to know more about how aspects related to a person transition may impact their practice outside of gender-affirming care: “I work in respirology. I think there are some times where a person’s gender identity can have impact on their care, and there are times when it does not, and I think, recognizing where that may exist as well would be, I think, important to be a good ally as a healthcare provider” (Participant #1). Another provider shared that they believed “some people could potentially become allies, but they just don't have the access to support for like education and training” (Participant #5). They went on to expand that change could be made if learning goes “beyond just going to like a workshop, but to really get mentorship in and how to effectively and like culturally, safely care for a community.” Another provider echoed this sentiment of mentorship as a way their enact allyship, saying “work to continue allyship would be my continuing work sort of in education with the department of family medicine and just making sure that I’m teaching incoming family docs how to be good allies” (Participant #3).

Barriers

When asked about barriers to allyship, providers responses fell within four main themes: systems, colleagues, personal beliefs, and fear of pushback.

System

Although EMR were discussed as a useful tool by one provider, other participants cited these systems as a barrier: “A great example is the electronic medical record, which we all now use to keep our records in. Oftentimes misgender, misname and can present information to patients like by presenting them their deadname on forms and requisitions, which are a system-based thing. And even though we're trying our best to be allies and respectful and really help folks make that transition. It can feel pretty awful when my EMR sends them a reminder email with their deadname. And I can do very little to change that programming, even with advocacy on my part” (Participant #3). Another participant mentioned that although the additional fields for preferred names and pronouns are available in their EMR system, it is not often filled out unless a patient specifically tells their provider they are trans. This participant suggested that clinicians may need to incorporate questions around gender to standard demographic questions they ask each patient to make sure it’s not missed. On the other hand, another provider interviewed said “if I see anything at triage that potentially leads me to believe that they might have different pronouns, I ask if they've got preferred pronouns. It's not something I typically ask. But if

I sense that maybe there might be more going on. I just ask if there's preferred pronouns" (Participant #2). This could be related to a number of different sentiments including not seeing a benefit to asking about gender, a potential discomfort that providers have in asking pronouns, or other barriers they perceive they may face (for example, patients with transphobic beliefs being angry about asking for gender). The same participant later did indicate that having information on all patients may be important for their work as an emergency room nurse to allow for faster identification of potential medical problems, so the former sentiment is unlikely in this case. However, all of these could be considered when thinking about gaps in providers understanding.

Similar to EMR, system navigation was mentioned both in the context of practicing allyship and a barrier to practicing allyship. Providers mentioned that the accessibility of services may be limited, for instance Participant #5 said that "there's still quite a lot of gaps actually in our city and surrounding area for gender diverse adults in terms of even just specialized mental health supports, or support in general." Further, when making referrals, participants mentioned that it is hard for them to know whether the provider they are referring to will be safe and gender-affirming for their patient.

Colleagues

Relatedly, providers discussed their college not being allies, which ranged in example from outwardly expressing transphobic beliefs or not providing care for trans patients to not prioritizing or allowing trans specific programs because of a cited lack of expertise. For instance, Participant #5 shared "I think there were some institutional barriers to [taking on trans clients], like yeah, people in higher positions who made decisions about the types of cases that we saw." Although some of these examples are more outwardly harmful, each of them can act as a barrier in being an ally in the workplace. Another provider discussed how colleagues may prevent them from being an ally by not being able to help patients find other providers who are allies: "I think the other piece is oftentimes in sending folks for referrals, and I try to do my best to pick gender affirming allies to send my folks to. But you never actually know, or the only person available may not be all that awesome. But they're the only person available for that condition. So I think that's some of the places that... so a systematic or structural and sort of colleague based interactions that are necessary are the things that are difficult" (Participant #3).

Personal biases

Many providers interviewed shared a similar sentiment that not all their colleagues were allies. A couple providers said that this often came down to personal biases that these people have towards trans people: "The only thing that I can see preventing people from treating people with dignity is just their own personal beliefs and their own mindsets when it comes to the trans community, and what it means to be trans. And what it means to transition and that sort of thing. So it's more of a personal problem for them where they

can't seem to wrap their head around what's going on, and I mean that stems from any number of things. But it's their belief system, that's it" (Participant #2).

Fear of Pushback

With advocacy and allyship also may come some criticism. Fear of pushback was mentioned as a potential barrier to providing healthcare services for trans patients. One of the participants interviewed is both a provider and trans, and said "yes, it's risky, you might have some harassing phone calls or emails of people attacking you online. And trans people also have to worry about all of that. So I don't have that much sympathy for providers who say they can't do it because it is life for death. And it's way more important to provide services in an equitable and inclusive manner. The risks are too high for trans people not to do that, and the more that we stand together against transphobia and hate, the less of an effect those sorts of campaigns from people who are transphobic will have" (Participant #6).

Discussion

In this study, healthcare providers defined allyship as including advocacy, listening to trans people about their experiences and barrier, helping trans patients navigate the complex healthcare systems, creating a safe space and affirming patients' gender by using the correct names and pronouns, and continuously learning. This definition aligns well with the definition provided by HTHC, as seen in **Table 1.**

As mentioned in the limitations, the participants in these interviews all showed an interest in practicing allyship, but also through their interviews discussed having colleagues who are not allies or act as barriers in their allyship. This shows us that our participant sample is biased towards those who are already practicing allyship and who have a good idea of what it means. Despite this, there are still some meaningful takeaways that could inform future educational interventions with healthcare providers that are appropriate even for those with more knowledge on the subject.

Hearing trans people's experience was cited as an important way to help providers understand how they can better serve their patients, so incorporating trans experiences into training could be an important way to help providers understand the ways they could advocate for patients.

Importantly, providers all mentioned barriers to being an ally, whether it was a barrier they faced or one their colleagues may face. Addressing barriers in trainings could be a way HTHC can increase providers competence and confidence in their

Table 1. Thematic overlap of HTHC trans allyship definition and themes of allyship from interviews with healthcare providers

HTHC Definition Component	Thematic Overlap	Example(s) from Interviews
Amplifying voices and position of marginalized folks	Listening to trans people about their experiences	Researcher/clinician focusing studies on trans people's reported experience when primarily literature now focuses on parent report Being honest about gaps in knowledge and learning from community members to fill those gaps
Condemning bigotry	Advocacy	Physician educating police officer about trans patients' medication requirements and "respect" Calling out others from transphobic sentiments or statements, and not waiting for trans people to do so before stepping in themselves
Recognizing overlapping systems of oppression	Continuous learning System navigation Considering trans experience	Being aware of the barriers that prevent trans people from seeking healthcare, and attempting to lessen those barrier Helping clients navigate systems both within and outside healthcare, including legal name change Being mindful of adaptation to language, space, or treatments that could be made to make healthcare experiences more comfortable
Leading by example	Creating a safe space Advocacy	Practicing asking and sharing pronouns in work meetings Apologizing when patient was accidentally misgendered Educating coworkers on how to be better allies Advocating for more supports to learn about trans allyship in the workplace

allyship. For instance, finding resources or referrals that are accessible or safe for their patients was a barrier. Creating or sharing a list of resources for trans people in Hamilton would be a useful next step to address this concern. As it relates to referrals beyond

gender-affirming services, emphasizing the group of healthcare providers HTHC is directly connected with may help providers find colleagues who they can feel confident referring patients to.

Creating trainings that include providers being able to discuss how they have overcome barriers may be helpful as well. Some providers discussed effectively using EMR system whereas others had concerns. Sharing best practices between providers could help them feel empowered to make tangible changes in their workplace. This could also be implemented to address concerns around colleagues or pushback to understand how others in similar situations were able to address these concerns. On the other side, it was unclear in these interviews whether these concerns were based in fear or reality. For example, a provider discussed fear of pushback as a barrier to providing gender-affirming care but had not actually experienced this pushback. Creating a space to share experiences may reveal that these concerns are proactive and encourage providers to push past these perceived barriers.

An additional aspect for educational interventions may be around when it is appropriate to tailor care for trans patients, especially as it relates to services outside gender-affirming care. This may also be addressed through conversations between providers who could share expertise in their fields, or potentially through resources from other organizations (for instance sharing blogs from medical organizations or research articles). This step may be beyond the scope of the trainings HTHC aims to provide and thus could also be an item for advocacy within medical training to include how various treatments like hormones or surgeries may impact other aspects of a person's health.

Finally, discussion of appropriate language to use can still be an important part of training to help providers feel confident in discussing issues their trans patients may face. Throughout one participant's interview, they used language such as discussing how well patients might "pass" as the gender they identify as, and suggesting a way to identify trans patients through a formal system for all patients. The latter example may indicate an unawareness of potential stigma and harm this may cause trans patients. This participant also provided strong examples of allyship throughout their interview. This case may suggest that a discussion on appropriate terms and language as well as stories of trans experience are still important aspects of training even when participants are actively striving towards allyship. A discussion on appropriate language could include helping providers become comfortable asking patients about their gender or their organs in the cases were that may be appropriate (for example, asking a patient if they have a uterus if they present with potentially related abdominal pain).

Recommendations

Based on the findings of this study, we recommend the following points are addressed in future educational interventions (e.g., training workshops) for healthcare providers to help them become better allies:

- Centering trans voices and experiences in trainings to help providers understand specific actions of advocacy they could take,
- Creating an opportunity for providers to share experiences of what works well and what doesn't to create a circle of practice,
- Create and/or share an up to date list of gender-affirming services in the city so providers can be confident in knowing what is available and making referrals,
- Share resources and/or advocate for field specific trainings to address specific needs of trans patients outside gender-affirming healthcare,
- Discuss appropriate language to use with and about patients.

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Appendices

Appendix A: Interview Questions

Can you tell me about yourself as a provider?

- What is your title?
- What type of care do you provide?
- How many years have you been practicing?
- Do you have experience working with trans or gender diverse clients?
    - Do you provide any specialized services for them?
        - If so, what?

In your own words, what do you think it means to be an ally? (In general) (RQ: 1, 2, 3)

- What does allyship mean for healthcare providers? (In general)
- What does allyship mean in relation to your role as a healthcare provider working with marginalized populations, such as trans and gender diverse folks?
- Could you describe some situations where you have practiced allyship towards trans and/or gender diverse folks?

Has your definition of allyship changed over the years? (RQ: 1, 3)

- From when you first started practicing?
- From when you first started providing care for trans/gender diverse clients?
    - If so, how?
    - Why?

In what ways might it be challenging for providers to enact allyship? (RQ: 3. 4)

- Have you faced challenges in enacting allyship?
- Are there some ways that you want to be an ally that you have not yet incorporated into your practice?
    - What would help support you in this? (e.g. do you have access to resources)

Do you have anything else you'd like to say about your definition of allyship and/or the ways its enacted?

Appendix B: Thematic Analysis Codes and Quotes

Definition	Example
Advocacy	
Speaking up in and outside of practice	"Yeah, I think one other thing I was going to mention with that is, I think allyship in our personal relationships is important too. In terms of speaking up when somebody says something, advocating. One of the big things like that I will sometimes mention is if I'm in a space that doesn't have gender neutral washrooms, or that has especially unnecessarily gendered washrooms." (Participant #7) "I'm doing the most of what I can, and kind of educating coworkers when situations come up" (Participant #2) "And also like challenging other folks appropriately." (Participant #4)
Barriers	
Colleagues	
Lack of Expertise	
Other providers not having an understanding of the needs of trans patients which may prevent them from fully enacting allyship	"some people could potentially become allies, but they just don't have the access to support for like education and training. And you know, beyond just going to like a workshop, but to really get mentorship in and how to effectively and like culturally, safely care for a community. So I think that sometimes some challenges that people might face like the environmental context and lack of opportunity because even when you know workshops and stuff are offered." (Participant #5)
Not Allies	
Other providers explicitly or implicitly not valuing or practicing allyship towards their trans patients, potentially leading to an unsafe environment for trans patients	"And I think the other piece is oftentimes and sending folks for referrals, and I try to do my best to pick gender affirming allies to send my folks to. But you never actually know, or the only person available may not be all that awesome. But they're the only person available for that condition. So I think that's some of

	the places that... so a systematic or structural and sort of colleague based interactions that are necessary are the things that difficult." (Participant #3) "Because the other thing that comes up sometimes is that people advertise that they're a safe space, and they're really not. I've heard stories of clients going to like electrolysis places, for example, that say that they've worked with trans clients before, and they're inclusive and supportive. And then the people there make sort of transparent remarks." (Participant #7)
Fear of Pushback	
Provider expressing fear of litigation or public harassment for providing gender affirming care	"I think social media can be helpful, but it can also be unhelpful in making people feel less confident when there are strong vocal proponents, who indicate that you know supporting patients or being in allyship with patients is somehow wrong or less than. I think the fear of litigation and the fear of college reports when you're providing care hold some physicians back, I think. Because yeah, even with CME or support, there are physicians who choose not to support folks who are on a sort of...who are transitioning." (Participant #3)
System	
Systemic issues beyond the immediate control of healthcare providers that may act as barrier	"I think there were some institutional barriers to that, like yeah, people in higher positions who made decisions about the types of cases that we saw." (Participant #5)
Electronic Medical Records	
Any electronic system used to keep patient records, which includes identifying information such as a patient's name and sex at birth	"A great example is the electronic medical record, which we all now use to keep our records in. Oftentimes misgender, misname and can present information to patients like by presenting them their deadname on forms and requisitions, which are a system based thing. And even though we're trying our best to be allies and respectful and really help

	folks make that transition. It can feel pretty awful when my EMR sends them a reminder email with their deadname. And I can do very little to change that programming, even with advocacy on my part." (Participant #3, on challenges when enacting allyship) "I will say, 99.999% of the time that is never filled out and you know, in an ideal world perhaps that is something that is always captured, asked about, spoken about with patients, whether that's me as a clinician or some other person on the healthcare team. You know those sort of pieces do get filled out where I find like, now what happens is that it's sort of like when there's an exception, it's filled out, or when the patient is taking the initiative, it's filled out. Or maybe you know, it may just be because of where I work. I don't see that in this patient population where it is always filled out." (Participant #1 – facilitator?)
Resources for Patients	
Inadequate or inaccessible resource options for trans patients	"I mean it would be wonderful if some of the resources that are were downtown were more available broadly across the city. So things like the transgender Id clinic, which is downtown is awesome. My practice is up on the mountain and for some folks it can be a bit of a challenge to get downtown. I think understanding where some low barrier access to clothing supports that could help my trans folks like there are pockets where people can get packers and binders for free or with support. I think the Trans Health Coalition has been helpful sort of understanding where those things are and has a helpful network." (Participant #3) "There's still quite a lot of gaps actually in our city and surrounding area for gender diverse adults in terms of even just specialized mental health supports, or support in general." (Participant #5)
Personal Beliefs	

Provider expressing fear of litigation or public harassment for providing gender affirming care	"Yeah and I think there are just some folks in medicine who are not open to talking about how their belief system may actually be harmful for the people that they care for." (Participant #3) "The only thing that I can see preventing people from treating people with dignity is just their own personal beliefs and their own mindsets when it comes to the trans community, and what it means to be Trans. (Participant #2)
Considering trans experience	
Expression of empathy and consideration for experiences of trans people in healthcare	"But there is sometimes concern or push back from individuals in the trans community who don't necessarily feel safe working with somebody who isn't trans, which is totally fine." (Participant #7)
Intersectionality	
Considering other aspects of a persons identity (e.g. race, age)	"It should just be a standard way that we are all working from an intersectional approach as well as a trans inclusion approach" (Participant #6) "So we talk about what that is in the context of the trans community within their intersecting identities as well, and how that impacts and influences mental health" (Participant #5)
Patients not interacting with healthcare	
Awareness of barriers present before healthcare interactions, including trans patients' unwellness to seek treatment due to perceived or actual risks	"Allyship for health care providers means being acutely aware of how marginalized populations interface with the health care system and the barriers that folks would face accessing health care." (Participant #4)
Inclusive space	
Using correct name and pronouns	
Using correct pronouns and names, affirming gender identity	"I think you know it's speaking that clarity with them in terms of how they want to be addressed, and then, when, when speaking with them or speaking in a group environment. Sort of doing my best to, you know, use a person's appropriate pronoun correctly. And then, when I make a mistake, apologizing because, I know in the past, you know, inevitably, I've

	done that where I've accidentally misgendered someone in a conversation, and you know, being very quick to apologize, and making a fruitful effort to not continue to do that in a in a sort of broader conversation, I think is important." (Participant #1)
Visual identifiers	
Providers using visuals such as pins, stickers, or flags to convey a message of their place of practice being a safe space	"And then just a couple of other examples would be like safe space posters and stickers around the clinic. And then I also have, you know, some pins and whatnot like visual identifiers on my lanyard" (Participant #4)
Learning	
Continual	
Expressed willingness to continue learning or understanding that there will be more to learn	"Yeah. I think originally I kind of viewed allyship as just like helping. Like, my perception of helping a community. But I think allyship is also meant to be a reciprocal relationship." (Participant #5) "Personally, I feel like I It's something that I need to continuously build on like I'm never going to be perfect... I'm going to make mistakes. I need to continue to seek out resources on my own." (Participant #1)
Listening to trans people	
Centering the voices of trans people	"And maybe some, also [learning] some of the history of what you know…even trauma that the healthcare system has inflicted on certain populations." (Participant #4) "So I have a lot of interaction with the queer community in general, continuing to educate myself" (Participant #7)
Personal learning	
Engaging in resources beyond their practice	"I think again just having that balance of like personal and professional. I think it's difficult to say that you're an ally if you're only doing that in a professional stance and not on a personal level." (Participant #7)

	“So the first component would be doing your own research and educating yourself without, you know, expecting all the trans and gender diverse people around you to do that for you.” Participant #6
Training	
Formal training and supports healthcare providers have/could engage in to learn more about trans people’s healthcare experiences or needs	“And probably from a systems base, work to continue allyship would be my continuing work sort of in education with the department of family medicine and just making sure that I’m teaching incoming family docs how to be good allies.” (Participant #3) “And I think more and more whether it's nursing, medicine, Physician Assistant, OT, PT, etc., like we need to be starting right in our training programs to expose students to these concepts whether that's in like the sort of the practice of medicine itself, whether it's in the ability for us to effectively communicate and treat people who are gender diverse, or, more broadly are you know, whatever that may entail with respect to providing effective care.” (Participant #1)
System Navigation	
Helping trans patients understand the resources and system barriers present	“So oftentimes I’m with folks helping them advocate for best care and surgeries, gender affirming surgeries. And I think oftentimes helping folks with systems based things as well. So whether it be name changing. And it can be a complex system that isn't equitable for a variety of reasons, not just gender, but in terms of ease of access, and just like doing all the parts that makes something that's already hard harder. I can help navigate that to make the systems parts, I hope, feel easier.” (Participant #3)