
POSTER ABSTRACT**The rethinking of processes and structure for an inclusive care model
Expectations of trans* people**

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Healthcare institutions today are committed to providing safe, high-quality, and personalized care based on active user participation and respect for diversity. Patient experience, understood as the combination of clinical, emotional, psychological, and logistical aspects, directly influences the perception of care quality. Improving this experience is considered a strategic priority and an indicator of institutional excellence. In this context, the present study explores the experiences of trans* people referred from TRANSIT Units to the Reproductive Medicine Service, with the aim of identifying key moments in the care process and co-creating improvement proposals with users to develop a more inclusive care model. A descriptive qualitative study was conducted using focus groups and co-creation workshops.

Participants were purposefully selected among individuals who had received care in the service during the previous year. An advanced practice nurse contacted potential participants by phone, explained the objectives of the study, and obtained informed consent. The first focus group, lasting two hours and including eight participants and two observers, helped identify the most significant moments of the care process as well as positive and negative experiences.

Subsequently, a two-hour co-creation workshop was held, applying the Design Thinking methodology, where participants collaborated in validating the findings and jointly developing an improvement plan. Data were analyzed using thematic coding to identify common and divergent patterns within participant narratives. The results revealed the existence of structural and attitudinal barriers to inclusive healthcare for trans* individuals. Only 13% of healthcare professionals responded to the survey, highlighting the need for greater awareness and specific training in inclusive language and gender diversity.

Key proposals included incorporating inclusive language in institutional documentation, enhancing training in assisted reproduction techniques, eliminating binary gender codes from health cards, and providing support during surgical and intimate procedures, including psychological care. Participants also proposed creating a notification system for referrals between units and adapting physical spaces to ensure comfort and privacy for all users. The results were presented to the general management team for consideration and progressive

implementation. The findings emphasize the importance of strengthening professional education in inclusive care, fostering an organizational culture that embraces diversity, and developing specific protocols that ensure respectful and equitable treatment. Furthermore, the study highlights the need to promote non-binary infrastructures, such as inclusive waiting areas, and to increase the visibility of trans* people within healthcare institutions. These initiatives contribute to improving perceived quality, emotional safety, and equity in healthcare delivery, moving toward a care model that is truly person-centered and aligned with the principles of social inclusion and planetary health.