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# Health professionals' knowledge and understanding of inclusion health: a systematic literature review

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## Abstract

There is a growing need for healthcare professionals to ensure that their practices are inclusive and that they are considerate of the needs of marginalized communities. Inclusion health (IH) seeks to correct the imbalances that result in health inequities and requires health practitioners to have an adequate understanding and knowledge of the needs of marginalized and vulnerable population groups. The aim of this systematic review was to synthesize and critically appraise evidence from studies that explored healthcare professionals' knowledge and/or awareness of IH. Academic Search Complete, CINAHL Plus with Full Text, MEDLINE, APA PsycArticles, APA PsycInfo, and SocINDEX were systematically searched without any year or language limits. The last search was conducted on 16 December 2024. A total of 4870 studies were identified, of which 37 were included (21 qualitative studies, 7 quantitative studies, 6 mixed-methods studies, 2 cross-sectional studies, and 1 quasi-experimental study). The methodological quality of the studies was appraised. Most studies were from the USA and Australia and focused on IH knowledge regarding members of the lesbian, gay, bisexual, trans, and queer community, people with disabilities, and culturally diverse populations. Studies examining healthcare professionals' knowledge and awareness were not homogenous in nature resulting in a wide variety of studies and types of data. Different minority groups require varied levels of insight and understanding from their healthcare professionals. There is therefore no one-size-fits-all solution. We recommend targeted interventions throughout the training and education of healthcare professionals, informed and designed by the participation of members of those marginalized communities.

**Keywords:** inclusion health; systematic review; knowledge; understanding; health professionals; health equity

## Key messages

- A limited amount of research has examined health professionals' understanding of inclusion health.
- Many studies have focused on professionals' understanding of LGBTQ+ health needs.
- There are Very few interventional studies or trials and there is an overreliance on qualitative research approaches.
- There is no global understanding of what is meant by inclusion health.

## Introduction

Healthcare systems continue to struggle to meet the needs of all populations (Braveman 2014). Marginalized communities often find themselves excluded, while their health needs go unmet (Arnault et al. 2022). A widening health gap exists that leaves many people at higher risk of ill health and with reduced access to healthcare (Marmot et al. 2012). There is evidence to show that, for example, those living in socioeconomically deprived neighbourhoods have higher rates of

ill health than those living in wealthier communities (Bartley et al. 2004). Also, ethnic minority groups experience higher levels of ill health and greater unmet healthcare needs than the rest of the population in many countries (Connolly and Wren 2017). Those in the lesbian, gay, bisexual, trans, queer, plus (LGBTQ+) communities also report being excluded from healthcare and an absence of the level of cultural competency that should allow for therapeutic interactions with their healthcare providers. It has been reported that intravenous drug users, sex workers, and people experiencing homelessness can find themselves unable to access healthcare services (Small et al. 2009, McNeill et al. 2022).

Taken together, addressing the challenge of providing more equitable healthcare to marginalized communities is referred to as inclusion health (IH) (Waterall et al. 2021). A useful definition of IH is provided by Luchenski et al. (2018); 'Inclusion health is a service, research, and policy agenda that aims to prevent and redress health and social inequities among the most vulnerable and excluded populations' (Luchenski et al., 2018, p. 226). IH recognizes that some population groups such as those who experience homelessness, minority groups, people experiencing mental health and addiction

difficulties, and those in contact with the justice system are at greater risk of experiencing poverty and social exclusion and are disproportionately more likely to experience ill-health and pre-mature death (Marmot *et al.* 2012, Siersbaek *et al.* 2023). While socially excluded groups have a greater need for healthcare, they are often the one who experience difficulty in accessing healthcare (Waterall *et al.* 2021).

Waterall *et al.* (2021) and Luchenski *et al.* (2018) noted the difficulties experienced by marginalized populations in accessing preventative long-term care, accessing acute services, and registering with a general practitioner (GP), leading to a lack of timely care and reflecting inequities in healthcare provision. An IH approach seeks to mitigate these inequities (Ni Cheallaigh *et al.* 2018). It is therefore essential that healthcare professionals have a clear understanding, knowledge, and awareness of IH.

The extent to which healthcare professionals and health policymakers are aware of or prepared for the challenges of IH is difficult to ascertain. Central to efforts to establish more inclusive healthcare are the knowledge and attitudes of healthcare professionals on the front lines of healthcare provisions. Increasingly, the curricula of healthcare professional preparatory programmes are seen to have IH incorporated as a concept of relevance (Luchenski *et al.* 2018, Campos-Matos *et al.* 2019a, Dixon *et al.* 2021).

Educational approaches such as mentoring, coaching, reflective practice, and immersive learning have been identified as appropriate methods of providing training to healthcare professionals on IH (Khan *et al.* 2023, 2023). Cultural competence training was found in some studies to foster inclusive clinical environments, improve practice, and reduce unconscious bias pertaining to these populations (Berger and Peerson, 2016).

We utilized Luchenski *et al.*'s (2018) definition of IH to search for literature that referenced healthcare professionals' knowledge or understanding of IH, understood as efforts to prevent or address health inequities impacting marginalized communities. We were interested in finding research evidence surrounding the knowledge and understanding of healthcare professionals regarding IH. The aim of this systematic review, therefore, was to synthesize and critically appraise evidence from studies that explored healthcare professionals' knowledge and/or awareness of IH.

It should also be noted that we observed terminology differences across papers referring variously to LGBT, LGBTQ, LGBTQ+, LGBTIQ, and LBGTQI+. In the reporting of findings, we have used the term as it appeared in each of the included studies. For our own discussions, we have used the term LGBTQ+.

## Materials and methods

The formulation of the systematic review aim, eligibility criteria, database searching, study selection process, and data extraction were guided by the Joanna Briggs Institute approach to mixed-methods systematic reviews (Lizarondo *et al.*, 2020). The review is reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses checklist (Page *et al.* 2021).

### Eligibility criteria

For this systematic review, eligibility criteria were predefined using the population, exposure, and outcome framework (Bettany-Saltikov 2012). Studies were eligible for inclusion

if they included population: any healthcare professionals; exposure: IH (as understood by Luchenski *et al.* (2018)); and outcome: knowledge, understanding, education, and/or awareness of IH. Studies conducted in any healthcare setting, inclusive of healthcare educational settings, and using any primary research design (e.g. qualitative studies, surveys, and experimental studies) were included.

Studies conducted with patients and healthcare workers who are nonprofessionals were excluded. The concept of social inclusion is closely linked to that of IH; however, it is one that has been difficult to define (Simplican *et al.* 2015). For this review, we focused on studies explicitly referencing IH rather than social inclusion. Therefore, we excluded studies addressing inclusion outside of the healthcare context (e.g. social inclusion research) as well as studies exploring attitudes, beliefs, practices, perceptions, and competence in IH. Studies conducted in nonhealthcare settings and/or nonhealthcare educational settings were excluded. Literature reviews, conference abstracts, posters, dissertations, theses, magazines, and protocols were not eligible for inclusion.

### Search strategy

Studies were identified by searching Academic Search Complete, CINAHL Plus with Full Text, MEDLINE, APA PsycArticles, APA PsycInfo, SocINDEX with Full Text, and ERIC. A review of subject headings (e.g. MeSH terms and CINAHL headings) was conducted in each database and a single search strategy was formulated accordingly. The search was conducted based on title or abstract. Truncation '\*' was used and terms were combined using Boolean operators 'OR' and 'AND' and the proximity indicator for 'N' as follows: (Know\* OR understand\* OR aware\* OR educat\*) AND (includi\* N3 health\*). No other database limits were applied to maximize retrieval. The search was last updated on 16 December 2024.

### Study selection

Records identified from the database search were exported to Covidence, an online software used to produce systematic reviews (Veritas Health Innovation). Duplicates were removed automatically in Covidence.

A two-step screening approach was used. Study inclusion and exclusion criteria were shared among the review team and were used to guide the screening process. First, titles and abstracts were screened, and irrelevant records were excluded. The full text of potentially eligible studies was then sourced and screened further for eligibility. For a screening decision to be made, the same record had to be screened twice by two independent reviewers assigned at random. This is a key functionality of Covidence to help increase rigour. When screening conflicts arose, a third reviewer who was not involved in the initial screening resolved the conflicts. This process was followed at title and abstract screening as well as full-text screening stages. The reference lists of eligible studies were hand searched for potentially relevant studies.

### Data extraction

The data extraction table format was adapted from that used by Saab *et al.* (2022). Data were extracted under the following headings: author, year, and country; aim; design; sample and setting; data collection methods/ instruments; element(s) of inclusion addressed; key findings; and intervention used (if any), and can be seen in Table 1. Data from each study were

**Table 1.** Data extraction table: healthcare professionals' knowledge and awareness of IH

| Author (year), country            | Aim                                                                                                                                                    | Design                                                                     | Sample and setting                                                                   | Data collection methods/instruments                                                                                                                                                                             | Element(s) of inclusion addressed                                                                          | Key findings                                                                                                                                                                                                                                                                                                                                                                                                       | Intervention used if any                                                                                     |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Adefolarin et al. (2021), Nigeria | Assess the effect of training and supervision on the knowledge, skills, and self-efficacy of primary healthcare workers regarding maternal depression. | Quasi-experimental study design                                            | 97 Primary health care workers in five local government areas in Ibadan, Nigeria     | Two randomly assigned experimental groups: group A received 1-day training on maternal depression; good knowledge gain (GKG), good skill gain (GSG), and self-efficacy gain (SEG) were assessed in both groups. | Culturally appropriate mental health care for mothers and 'maternal depression inclusive' health education | Training improved gains in the experimental versus controls as follows: GKG (84.3% vs. 15.7%), GSG (90.7% vs. 9.3%), and SEG (100% vs. 0%). Training contributed to the good gain in knowledge, skill, and self-efficacy. Clients in the experimental group had higher knowledge gain scores than in the control ( $P < .01$ ).                                                                                    | A training intervention—1 day (lecture, role play, brainstorming, and return demonstration) plus supervision |
| Alnuaimi et al. (2020), Jordan    | Explore Jordanian HCPs' perspective on sexual education after giving birth.                                                                            | Descriptive, qualitative                                                   | 7 Midwives, 13 nurses, and 2 obstetricians all from primary health centres in Jordan | Three semi-structured, in-depth focus group interviews. Thematic Content Analysis Tool (TCAT) used to analyse transcripts.                                                                                      | Gender, cultural and traditional perspectives                                                              | Healthcare professionals (HCPs) are hesitant to open the topic of sexuality with women during antenatal and postnatal visits due to cultural limitations and lack of knowledge.                                                                                                                                                                                                                                    | None                                                                                                         |
| Blus-Kadosh et al. (2024), Israel | Outline barriers for the unequal and trans-exclusive primary healthcare.                                                                               | Qualitative study                                                          | N = 19 HCPs (practicing physicians, GPs, psychiatrists, gynaecologists, and others)  | Semi-structured interviews and critical discourse analyses of textual data including syllabi of medical schools and advertisements for medical conventions                                                      | LGBT+ and stereotyping/bias                                                                                | Six major themes emerged with subthemes, including exclusionary primary care (marginalization of gender non-conforming people, scarcity of information regarding trans-affirming procedures and trans-friendly physicians, and lack of awareness of trans-inclusive services), alternative paths to medical knowledge, localized knowledge transfer (patients as a source of knowledge), and institutional change. | N/A                                                                                                          |
| Bod et al. (2024), USA            | Assessment of the representation of LGBTQ+ population in emergency medicine (EM) simulation.                                                           | Quantitative review of individual scenarios from six simulation case banks | 971 Scenarios from six simulation case banks across the USA                          | Quantitative analysis of simulations representing the LGBTQ population                                                                                                                                          | Inclusion of LGBTQ+ people in simulation cases in EM education                                             | Of the 971 scenarios reviewed, 8 (0.82%) explicitly represented LGBTQ+ patients, 319 (32.85%) specified or implied the patient was heterosexual, and the remaining 644 (66.32%) did not specify these patient characteristics.<br>Of the eight scenarios representing LGBTQ+ people, seven related to gay men and one male bisexual patient. No reference to transgender patients identified.                      | N/A                                                                                                          |

(continued)

Table 1. (Continued)

| Author (year), country                  | Aim                                                                                                                               | Design                                                                                                                               | Sample and setting                                                                                                                                                              | Data collection methods/instruments                                                                                                                                                                               | Element(s) of inclusion addressed          | Key findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Intervention used if any                                                                   |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Brown et al, (2023), UK and ROI         | Identify the views and experiences of nurse academics providing LGBTQ+ health content within pre-registration nursing programmes. | Mixed-methods design utilizing an anonymous online survey and semi-structured individual interviews (qualitative findings only here) | All Heads of Schools of Nursing and Midwifery in the UK and Ireland ( $n = 135$ ) were contacted. A response rate of 39% ( $n = 29$ ); of which 12 consented to be interviewed. | Semi-structured interviews                                                                                                                                                                                        | LGBTQ+ health content in nursing curricula | Incorporating the health concerns of the LGBTQ+ community into nursing education was important to academics who also felt that the needs of this population required greater consideration.<br>LGBTQ+-focused discussions were considered sensitive conversations some academics did not feel comfortable engaging in. Ageing LGBTQ+ people and needs of those transitioning were identified as populations with specific needs. Academics tried to be proactive in using scenarios and promoting discussions about the support needs of these cohorts.                                                                                       | N/A                                                                                        |
| Crowe et al. (2024), UK                 | Identify internal medicine trainees' level of awareness, confidence, and knowledge in LGBTQ+ health.                              | Mixed quantitative/qualitative methods                                                                                               | $N = 315$ internal medicine trainees surveys from a potential cohort of 796 trainees (40%)                                                                                      | Online survey with open and closed questions focused on demographics, levels of awareness and confidence in caring for LGBTQ+ patients, prior teaching received on LGBTQ+ health, and knowledge of LGBTQ+ health. | Meeting the needs of LGBTQ+ individuals    | Confidence levels around gender identity are lower in comparison to discussing sexual orientation.<br>A majority had no training on LGBTQ+ health, but participants were interested in receiving training.<br>Numerous deficits in training were identified by respondents in relation to LGBTQ+ health. Those who had received some training felt more confident in supporting this population.<br>Training should be developed in conjunction with members of the community. Training content should not be solely focused on sexual health but also include health issues that are less recognized and prescribing of hormonal treatments. | N/A                                                                                        |
| De Los Reyes and Collick (2022), Mexico | Test the impact of an LGBT training protocol for mental health professionals                                                      | MM: Quantitative retrospective assessment of attitudes to the LGBT population and focus groups with $n = 8$ participants             | 17 Psychology majors in Mexico City                                                                                                                                             | Paper & pencil survey and focus groups                                                                                                                                                                            | SGM                                        | Fostering SGM-inclusive clinical environments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Training strategy: 12-h training module on multicultural competencies with SGM populations |

(continued)

Table 1. (Continued)

| Author (year), country                     | Aim                                                                                                                                                                                                        | Design                                                                                                                               | Sample and setting                                                                                                                              | Data collection methods/instruments                                                                                                                                                          | Element(s) of inclusion addressed                                                                                               | Key findings                                                                                                                                                                                                                                                                                                                                                                                                                                               | Intervention used if any     |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Diamanti et al. (2024), Greece             | Examine midwives' knowledge and attitudes towards providing perinatal care for WWDs.                                                                                                                       | Cross-sectional                                                                                                                      | Purposeful sample of midwives practicing within a health care setting ( $n = 149$ )                                                             | Researcher-designed, self-administered questionnaire, with 49 questions                                                                                                                      | WWDs                                                                                                                            | 99% of participating midwives believed that knowledge and specialist care for WWDs were inadequate; 15% believed that they had good knowledge; and 41% felt they had enough knowledge of correct terminology that did not contain elements of stigma.<br>Participants had a low level of knowledge: a mean score of 35 out of 100 points ( $SD = 24.5$ ). Attitude towards providing care for WWD scored from 0 to 7. A mean score was 4.3 ( $SD = 1.6$ ). | N/A                          |
| Dixon et al. (2021), UK                    | Explore medical students' experiences of and attitudes towards IH education.                                                                                                                               | Qualitative                                                                                                                          | 10 Medical students in Leeds, UK                                                                                                                | Semi-structured interviews                                                                                                                                                                   | All IH groups                                                                                                                   | (1) Students felt unprepared to work with IH groups.<br>(2) Prefer interactive teaching and learning in IH education.<br>(3) Encountering IH groups by chance or choice presents different opportunities.                                                                                                                                                                                                                                                  |                              |
| Donisi et al. (2020), six EU Member States | Impact of the Health4LGBTI training course on HPs' LGBTI cultural competencies.                                                                                                                            | Quantitative design. Knowledge and attitudes compared on the basis of a pre-post evaluation design utilizing an ad hoc questionnaire | 110 HPs from diverse medical fields in six European Member States                                                                               | Self-assessment of attitudes towards LGBTI people collected with a Likert scale from 1—inclusive to 10—negative                                                                              | LGBTI health (inclusive communication, understanding of basic terminology, concepts, and main trans and intersex health issues) | Health4LGBTI training course is both feasible and effective in training HPs and support staff to improve cultural competence thereby promoting inclusive healthcare practice                                                                                                                                                                                                                                                                               | Health4LGBTI training course |
| Eshun et al. (2024), UK                    | Prevalence of traumatic brain injury (TBI) in a cohort of vulnerably housed people and people experiencing homelessness (PEH), identify perceived barriers and facilitators to their accessing healthcare. | Mixed methods; quantitative retrospective case record analysis of individuals and interviews with health care specialists            | Case record analysis of 2753 individuals. Interviews with professionals working with vulnerably housed and homeless individuals in the Scotland | Case record analysis and interviews; nine semi-structured interviews with nurses ( $n = 4$ ), doctors ( $n = 2$ ), occupational therapists ( $n = 2$ ), and administrative staff ( $n = 1$ ) | PEH, particularly those with a TBI                                                                                              | Homeless people experience significant levels of morbidity. Previous experience of stigmatization when accessing services and under-recognition of the needs of homeless people with brain injuries meant few were referred to rehabilitation services. Lack of resources to support this marginalized group. Need for the provision of trauma-informed care and training identified.                                                                      | N/A                          |

(continued)

Table 1. (Continued)

| Author (year), country                   | Aim                                                                                                                                              | Design                                | Sample and setting                                             | Data collection methods/instruments                                                                                                                       | Element(s) of inclusion addressed                                              | Key findings                                                                                                                                                                                                                                                                                                                      | Intervention used if any |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Govall, et al. (2023), Sweden            | Experiences and views of nursing students and lecturers on forced migrants with diverse sexual orientations, gender identities, and expressions. | Explorative qualitative               | 12 students and 13 lecturers in nursing                        | Digital online focus groups                                                                                                                               | Needs of LGBTQ+ forced migrants                                                | The need for increased awareness about forced migrants identifying as LGBTQ+, among students and lecturers. Insufficient educational coverage regarding LGBTQ+ and forced migration. More research on how to effectively incorporate a more inclusive theoretical and clinical nurse education related to these topics is needed. | N/A                      |
| Grant et al. (2020), Tasmania, Australia | Comparing and contrasting understandings and experiences of inclusive sexual and reproductive healthcare.                                        | Qualitative, grounded theory approach | 6 GPs, Tasmania                                                | Interviews with six healthcare practitioners about providing LGBTQ-inclusive sexual and reproductive healthcare for women in GP settings                  | Accommodating needs and concerns of bisexual, pansexual, and queer young women | Heteronormativity implicit in mainstream approaches to young women's sexual and reproductive healthcare. Monosexism still largely shapes LGBTQ-inclusive practices.                                                                                                                                                               | N/A                      |
| Grant et al. (2021), Tasmania, Australia | Explore knowledge and practices of clinicians and students with a view to informing health policy, training, and curriculum development.         | Qualitative                           | 12 Clinicians and five health professional students, Australia | Qualitative interviews with 12 clinicians and five health professional students exploring their understandings and approaches to LGBTQ-inclusive practice | LGBTI- inclusive care                                                          | Practitioners report insufficient training and practical difficulties with referral as key challenges.                                                                                                                                                                                                                            | N/A                      |
| Hooblaul et al. (2020), South Africa     | Determine knowledge, attitudes, and perceptions of physiotherapists working in the Department of Health towards mental health.                   | Mixed methods                         | 124 Physiotherapists in KwaZulu-Natal, SA                      | ATP-30 online questionnaire and focus groups                                                                                                              | People living with a mental illness                                            | Physiotherapists received limited training about mental health at an undergraduate level.                                                                                                                                                                                                                                         | N/A                      |
| Jerala and Perek (2024), Slovenia        | Understand the needs and challenges encountered by LGBTQ+ individuals in Slovenian primary healthcare.                                           | Qualitative study                     | 25 GP primary care setting, Slovenia                           | Online surveys with open-ended questions; thematic content analysis used for data analysis                                                                | LGBT + Stereotyping/bias                                                       | LGBT+ participants and GPs expressed desire for equal treatment. Three main themes: communication and relationship; specific knowledge; and overcoming systemic barriers in family medicine practice. Overarching theme of safety.                                                                                                | N/A                      |

(continued)

Table 1. (Continued)

| Author (year), country            | Aim                                                                                                                                                                             | Design                                                                                             | Sample and setting                                                                                                                                                                    | Data collection methods/instruments                                                                                  | Element(s) of inclusion addressed     | Key findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Intervention used if any |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Klotzbaugh et al. (2022), USA     | Describe relationship between location of practice and transgender or gender diverse (TGD) patient care and to identify emerging themes related to the care of TGD individuals. | Descriptive, cross-sectional, quantitative study                                                   | 356 Advanced practice nurses (family nurse practitioners), USA                                                                                                                        | Postal survey developed by the author.                                                                               | Trans and gender diverse health needs | Inadequacy of curricular inclusion of TGD health needs.<br>Family nurse practitioners sourced best practices to provide health care to TGD people.                                                                                                                                                                                                                                                                                                                                                                                   | N/A                      |
| Loo et al. (2021), USA            | To examine perspectives of members of TGD and HCPs on barriers to and solutions for promoting access to gender-affirming health care.                                           | Inductive grounded theory using focus groups with TGD and HCPs and individual interviews with HCPs | Focus group discussions: N = 61 adult TGD community members.<br>In-depth interviews: n = 23 HSPs, (administrators, clinician, or front-line staff in a health care organization), USA | Focus group discussions with TGD community and HCPs.<br>In-depth interviews undertaken with 23 HCPs.                 | Gender-affirming health care          | <i>Theme 1:</i> Systems-level improvements within existing health services<br><i>Theme 2:</i> Expanded TGD community outreach and engagement                                                                                                                                                                                                                                                                                                                                                                                         | N/A                      |
| MacCormick and George (2020), USA | Perform an environmental scan of the educational context for the presence of sex and gender minority (SGM) education within anaesthesia fellowship programmes in North America. | Quantitative survey tool                                                                           | Programme directors of obstetric anaesthetic programmes, who were also members of SOAP (Society of Obstetrical Anaesthesia and Perinatology), n = 26, North America                   | Online questionnaire comprised of 32 items, using both open and closed questions, distributed through Select Survey. | SGM health                            | 96% felt anaesthesiologists were already adequately equipped to care for SGM patients.<br>54% felt their fellowship programme adequately prepared to care for SGM patients. 38% unsure and 8% felt it did not. 43% indicated their curriculum explicitly addressed the needs of any marginalized group, but only 21% explicitly addressed the needs of SGM patients.<br>Perceived barriers to providing SGM education included lack of need (46%), lack of available interested faculty (19%), funding (8%), and lack of time (19%). | N/A                      |

(continued)

Table 1. (Continued)

| Author (year), country                             | Aim                                                                                                                                                                     | Design                                                   | Sample and setting                                                                                                                                                                          | Data collection methods/instruments                                                                          | Element(s) of inclusion addressed                                                                                                                                                                                   | Key findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Intervention used if any |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Marella et al. (2018), Bandung district, Indonesia | Investigate factors influencing the introduction of Inclusive System for Effective Eye-care (I-SEE) project.                                                            | Qualitative exploratory study—using in person interviews | 39 Relevant stakeholders.<br>27 Practitioners, disabled persons, organizations, and village health cadres.<br>12 People with disabilities with physical, vision, and hearing impairments.   | Individual interviews (specific interview guides for stakeholders and people with disabilities).             | Disability inclusion; access; inclusive eye health.<br>Engagement of people with disabilities, physical accessibility of eye health facilities.                                                                     | Five themes: (i) characteristics of innovation, (ii) characteristics of the adopting person/service provider, (iii) socio-political context, (iv) factors related to organization, and (v) strategies for introduction of I-SEE                                                                                                                                                                                                                                                                                                                                                                                  | N/A                      |
| Moll et al. (2014), USA                            | Assess needs of EM residency programme directors (PDs) to characterize the prevalence of content and needs related to LGBT education and examine barriers to curricula. | Quantitative online survey                               | Surveys were completed by N-124 of EM residency PDs out of a total of 160 programmes in the USA                                                                                             | Online survey to directors of 160 programmes via Council of Emergency Medicine Residency Directors listserv. | Inclusion, recognition of need of minority groups; barriers to LGBT education, content presented, and number of hours of LGBT health education; and programme demographic correlation with amount of LGBT education | Substantial lack of education of EM residents on LGBT health needs.<br>26% of EM programmes had lecture on LGBT health and 33% reported some incorporation of LGBT topic into the curriculum.<br>Limited hours on LGBT health.<br>Barriers: lack of need, lack of interested faculty, funding, and time.                                                                                                                                                                                                                                                                                                         | N/A                      |
| Motiff et al. (2024), USA                          | Assess genetic counsellors' comfort levels and frequency of using gender-inclusive language with patients.                                                              | Mixed methods                                            | Genetic counsellors (GCs) who had seen patients within the last 3 years.<br>Online survey, distributed through professional listservs (NSGC, ABGC, and WIGCA) and a Facebook group for GCs. | Online survey focusing on comfort and usage of gender-inclusive language                                     | Gender-inclusive language in genetic counselling                                                                                                                                                                    | One-third of GCs reported feeling comfortable using gender-inclusive language, just over half indicated they regularly use such language with patients. 72.3% GCs rarely or never see transgender or nonbinary patients.<br>Those more comfortable with gender-inclusive language were more likely to use it frequently ( $P < .001$ ). 67.7% were uncomfortable asking pronouns in person/video; 86.2% preferred asking via intake/health history forms.<br>96.9% had some form of gender-inclusivity training, mostly from self-directed learning (78.5%) or their job (61.5%).<br>84.4% wanted more training. | NA                       |

(continued)

Table 1. (Continued)

| Author (year), country         | Aim                                                                                                                           | Design                                                                                                   | Sample and setting                                                                                                                                                               | Data collection methods/instruments                                                                                                                                            | Element(s) of inclusion addressed                                                                                                                                                                  | Key findings                                                                                                                                                                                                                                                                                                                                                                                                                                      | Intervention used if any                                                                              |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Meyer et al. (2018), Australia | Explore perspectives of community aged care workers on diversity training and on implementing training into practice.         | Qualitative inductive thematic design                                                                    | 90 Community aged care workers                                                                                                                                                   | Semi-structured telephone-interviews 3 months after diversity training workshop.<br>39 Interviews selected for data analysis                                                   | Inclusive healthcare; awareness of diversity; unconscious bias; judgement about the older people; identifying and embedding changes and diversity principles into practice; and inclusive language | Diversity concepts positively received. Applying diversity principles into practice is difficult.<br>Themes identified: 'raising awareness'; 'reserving judgement'; 'confidence and empowerment to embed diversity into practice'; 'communicating effectively'; and 'thinking about change ... but'.                                                                                                                                              | A training intervention—1 day<br>'Promoting Inclusive Healthcare: Kaleidoscope of Diversity' workshop |
| Neill et al. (2021), USA       | Evaluate an interprofessional learning activity on LGBTQ healthcare disparities and inclusive practices.                      | Qualitative and quantitative analysis of online discussion group using pre- and post-intervention design | Students from five colleges (medicine, nursing, pharmacy, health professions, and public health) and a graduate school in the University of Arkansas for Medical Sciences (UAMS) | Interprofessional activity in a closed Facebook-group (five activities: pre-quiz, readings and a video, daily discussion threads, takeaway discussion thread, and a post-quiz) | LGBTQ health disparities; inclusive practices                                                                                                                                                      | Pre- and post-quiz scores increased on from 65% to 92%.<br>Facebook may be a particularly feasible method for delivering education on LGBTQ healthcare and disparities to interprofessional students during professional training.                                                                                                                                                                                                                | Gender-affirming care learning activity                                                               |
| Peprah et al. (2021), Ghana    | Investigate whether an intercultural healthcare system reduce the sociocultural and economic barriers to healthcare in Ghana. | Qualitative exploratory approach using focus groups                                                      | 35 Participants comprising 17 healthcare users, 11 formal healthcare providers, and 7 alternative healthcare providers in Ghana                                                  | Five focus groups (three providers' focus groups and two users' focus groups)                                                                                                  | Intercultural healthcare and cultural barriers                                                                                                                                                     | Limited understanding of an intercultural healthcare system.<br>Implementing an intercultural healthcare system has social, cultural, health and economic benefits for both users and healthcare providers.<br>Belief that intercultural healthcare system can help remove barriers.<br>Poverty and high healthcare expenses, transportation and distance, lack of health insurance, and limited health professionals, especially in rural areas. | N/A                                                                                                   |

(continued)

**Table 1.** (Continued)

| Author (year), country                   | Aim                                                                                                                                                               | Design                                                                    | Sample and setting                                                                                                                                             | Data collection methods/instruments                                                                                                | Element(s) of inclusion addressed                                                                          | Key findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Intervention used if any             |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Pinto <i>et al.</i> (2023), South Africa | Explore student nurses' understanding and practices with regard to sexual health with LGBT patients.                                                              | Qualitative                                                               | Nursing students at a South African university ( $n = 51$ )                                                                                                    | Six focus groups: two with self-identified women, two with self-identified men, and two mixed                                      | LGBT, stigma, homophobia, and transphobia                                                                  | Discomfort and inadequacy concerning LGBT patients. Ambivalence between ethical views on inclusion and denial/silence towards LGBT patient care. Egalitarian stance—same care irrespective of sexuality but not facilitating talk or questions. Lack of training and support leading to inadequacy in engaging with LGBT patients. Biological determinism and religion used to justify transphobic and homophobic attitudes.                                                              | N/A                                  |
| Rinaldi and Batselé (2022), Belgium      | Analyse the representations of medical specialists regarding the care of people with IDs                                                                          | Qualitative in-person interviews                                          | 12 Medical specialists working in hospitals within the French community of Belgium                                                                             | Semi-directive interviews were conducted and inductive thematic analysis undertaken.                                               | Health needs of people with IDs; health inequality; and inclusive healthcare policy                        | Medical specialists do not receive any specific training regarding ID or how to handle medical consultation with these patients. Practitioners reported difficulties in communicating with patients with ID and the need for additional time. They learn 'in the situation' how to handle a medical consultation with a person with ID, sometimes resulting in negative feelings and low satisfaction.                                                                                    | N/A                                  |
| Seidu <i>et al.</i> (2024), Ghana        | Explore stakeholders' views regarding strategies or recommendations to improve sexual and reproductive health (SRH) outcomes for persons with disabilities (PwDs) | Exploratory qualitative research and semi-structured, in-depth interviews | 62 Interviews with 25 HCPs and 37 PwDs. HCPs: doctors, nurses, and midwives. PwDs: visual impairments and physical disabilities in the Ashanti region of Ghana | Semi-structured, in-depth interviews in English and Twi at disability resource centres, participants' homes, and health facilities | Persons with disabilities, persons with visual impairment and physical disabilities, and stereotyping/bias | Need for disability-sensitive and inclusive healthcare training. Need for healthcare inclusivity, 'nothing about us, without us'. Need to raise awareness for accessibility and equity. Need for continuous quality improvement, monitoring and evaluation with an effective system for tracking and assessing the performance of interventions. Need for supports to enable empowerment for self-reliance. Need for enforcement of physical accessibility to improve their SRH outcomes. | None, but the THRIVE model developed |

(continued)

Table 1. (Continued)

| Author (year), country              | Aim                                                                                                                                                                          | Design                                                                  | Sample and setting                                                                                                                                                     | Data collection methods/instruments                                                                                                                                                 | Element(s) of inclusion addressed                                     | Key findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Intervention used if any                                                                                                                                                |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sengupta et al. (2023), USA         | Investigate the attitudes, beliefs, and level of knowledge of the psychosocial and medical needs of the transgender community in medical students.                           | Pre- and post-interventional qualitative study                          | First-year medical students<br>2018 Survey: N = 37<br>2019 Survey: N = 28<br>School of Medicine, Pennsylvania, USA                                                     | Surveys conducted separately in 2018 and 2019 pre- and post-attendance of the NEPA Trans Health Conference. Pre- and post-simulation surveys were administered using Likert scales. | Transgender healthcare, stereotyping/bias, and affirming care         | 87.5% showed an increase in mean attitude (Likert scale scores), including:<br>• knowledge of transgender health issues,<br>• sensitivity to fears of intolerance and discrimination in healthcare,<br>• understanding transgender identity,<br>• feelings of preparedness and comfort in treating transgender patients,<br>• understanding complexities of treatment plans, and<br>• belief that medical education is preparing them to care for transgender individuals.<br>62.5% (5/8) of survey items showed statistically significant results ( $P \leq 0.05$ ).                                                                          | Attendance at the NEPA Trans Health Conference over 2 years—as an educational forum<br>A mandatory intervention session for each day of the conference in 2018 and 2019 |
| Seretlo et al. (2024), South Africa | To identify and explore sexual-reproductive healthcare services and needs (SRHSNs) for genderqueer individuals.                                                              | Exploratory qualitative research                                        | 33 HCPs from seven district hospital.<br>(five social workers, six clinical psychologists, 17 nursing staff, and four medical doctors), Gauteng Province, South Africa | Semi-structured, one-on-one interviews recorded in hospitals, in English                                                                                                            | Genderqueer individuals and their access to SRHSNs, stereotyping/bias | Revealed nine main themes:<br>(1) crucial need for genderqueer-inclusive healthcare facilities,<br>(2) need for psychological, counselling, and therapeutic support in sexual and reproductive healthcare,<br>(3) access to sexual-reproductive education and integrating support,<br>(4) holistic approaches to genderqueer persons' sexual wellness<br>(5) accessibility and particular queer reproductive healthcare,<br>(6) services related to HIV, PrEP access, and STI treatment,<br>(7) genderqueer individuals' parenthood aspirations and empowerment,<br>(8) safe availability of intimacy tools, and<br>(9) transition navigation. | N/A                                                                                                                                                                     |
| Smythe et al. (2024), Uganda        | Develop a standardized training programme for healthcare workers in Uganda, to improve their knowledge, attitudes and skills in providing care for people with disabilities. | Mixed methods, using umbrella review, interviews, and a design workshop | n = 50: six international experts, 17 healthcare workers, and 27 people with disabilities                                                                              | Umbrella literature review (using PRIOR and AMSTAR2), individual interviews and participatory workshops                                                                             | Meeting healthcare needs of people with disabilities                  | Inclusion of people with disabilities in the development of healthcare worker training is important. Health care training needs to emphasize the rights of people with disabilities and advocate for disability-inclusive practices.<br>A disability training programme should be inclusive of diverse cultural backgrounds, adaptable to and inclusive of perspectives of both people with disabilities and healthcare workers.                                                                                                                                                                                                               | N/A—Training material developed                                                                                                                                         |

(continued)

**Table 1.** (Continued)

| Author (year), country                | Aim                                                                                                                                                   | Design                                                         | Sample and setting                                                                                                                            | Data collection methods/instruments                                                     | Element(s) of inclusion addressed                                                                                                                                                    | Key findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Intervention used if any                         |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Sommarö, <i>et al.</i> (2020), Sweden | Explore knowledge and attitudes concerning patients with both ID and norm-breaking sexuality and/or gender identity among HPs in habilitation centres | Exploratory, descriptive, qualitative study using focus groups | Habilitation centres in Sweden ( <i>n</i> = 19 participants), 16 women and 3 men took part in the focus groups                                | Focus groups using semi-structured interview guide                                      | HPs' attitudes towards norm-breaking sexual orientation and/or gender identity among patients with ID; heteronormative treatment in health care, affirmative practice; norm-breaking | Sexuality in general was relatively invisible at the habilitation centres and was primarily mentioned when patients displayed problematic behaviour. Issues regarding nonheterosexuality and gender identity were even more uncommon. Sexuality as a topic was seldom brought up because other areas needed to be prioritized. Two of the four teams had undergone a basic training course on LGBTQ issues. Most of the participants did not know if there was a special LGBTQ policy at their workplace, and new employees had not received adequate information. | N/A, but a number of interventions are suggested |
| Table <i>et al.</i> (2022), USA       | Ascertain staff perspectives on LGBTQ inclusion and to examine discourses on implementing organizational change regarding LGBTQ aware practices       | Exploratory, team-based, qualitative research approach         | 34 Health staff working at a mid-sized, nonprofit organization delivering ambulatory (non-emergent) healthcare in the southwest region of USA | Demographics questionnaire plus 34 semi-structured interviews with health staff in 2017 | LGBT inclusion                                                                                                                                                                       | Three identified tensions: departmental/organizational issues; lived experiences; and generational and geographical issues. These three were sometimes found in tension. Employees use comparisons to discuss workplace inclusion—a strategy that provides a vehicle for the denial and disorder employees feel.                                                                                                                                                                                                                                                   | N/A                                              |
| Tung <i>et al.</i> (2016), Hong Kong  | Establish nurses' knowledge of universal health coverage (UHC) for inclusive and sustainable elderly care services.                                   | Cross-sectional                                                | 326 Nurses in Hong Kong                                                                                                                       | Online survey                                                                           | EHC for elderly care                                                                                                                                                                 | Considerable knowledge gap in nurses' knowledge of UHC in elderly care services. Nurses have limited perceived contribution to policy-making.                                                                                                                                                                                                                                                                                                                                                                                                                      | N/A                                              |

(continued)

Table 1. (Continued)

| Author (year), country                | Aim                                                                                                                                                                                   | Design                                                    | Sample and setting                                                                                                                              | Data collection methods/instruments                                                                                                            | Element(s) of inclusion addressed                                                                                                                                                                                                                                                      | Key findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Intervention used if any                                                                                                                           |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Uink et al. (2022), Western Australia | Explore the current practices, confidence, knowledge, and training needs for working with Aboriginal LGBTQ+ clients among Western Australian health and community service workers.    | Mixed-methods online survey, focus groups, and interviews | Aboriginal Community Controlled Health Organisation (ACCHO) service providers in survey ( $n = 197$ ); focus groups and interviews ( $n = 56$ ) | Survey, focus groups, and interviews                                                                                                           | Capacity to meet health needs of Aboriginal LGBTQ+ people; advocacy; homophobia; transphobia; culturally safe care; and universal access. Levels of service access, inclusive practices, staff confidence, awareness, and training needs around knowledge of Aboriginal LGBTQ+ people. | Workplaces having a 'no-discrimination' or 'bullying' policy was most commonly endorsed inclusive practice. Participants perceived workplaces as moderately knowledgeable of issues facing Aboriginal LGBTQ+ clients. Staff felt relatively confident in responding to (perceived) service needs of Aboriginal LGBTQ+ clients. Training needs around 'Knowledge of appropriate referral pathways'. 'Knowledge about health and social issues that confront Aboriginal Queer people' rated as most important enabler of inclusive practice. Concern about changes in terminology—the term LGBTQ+ was too broad to capture diversity. Concerns that accreditation programmes not culturally sensitive and thus not a good fit for Aboriginal LGBTQ+ clients. | N/A                                                                                                                                                |
| Ward-Gaines et al. (2021), USA        | Improve diversity, equity, and inclusion pillars of cultural and structural awareness among medical residents via simulation exercise.                                                | Quantitative using pre- and post-simulation surveys       | 18 Medical residents. Center for Advancing Professional Excellence (CAPE), USA                                                                  | Case studies designed for simulation exercise. Sessions were recorded. Pre- and post-simulation surveys were administered using Likert scales. | Race, gender bias, privilege, racism, microaggression, stereotyping/bias, religious beliefs, homelessness, depression, substance use disorder, language barrier, transgender, and affirming care                                                                                       | All residents rated this simulation as useful as 5.0 on a scale of 1–5 with 5 being the highest score. All cases demonstrated an improvement in residents' perceived confidence to handle a similar situation in the future. Smallest improvements were noted in 'affirming care' mean on the 9-point Likert scale, which increased from 4.7 to 6.2 (CI 0.5–2.5, $P = .01$ ). Largest improvement noted in 'difficult conversations' pre-simulation score mean 3.9 to post-simulation score mean 6.5 (95% CI = 1.9–3.3, $P < .01$ ).                                                                                                                                                                                                                       | Simulation using case studies developed using the Delphi method. Mannequins of colour were also used. Time period—15 min x each scenario once/week |
| Yu et al. (2024), USA                 | Explore how nurse leaders describe LGBTQ+ inclusive practices across various health-care systems in the USA and identify implementation strategies applicable to healthcare settings. | Qualitative descriptive design                            | 21 Nurse leaders involved in policy design across the USA                                                                                       | In-depth, semi-structured interviews conducted via Zoom. Used a pilot-tested semi-structured interview guide and a demographic questionnaire.  | LGBTQ+-inclusive practices in their healthcare settings                                                                                                                                                                                                                                | Five main themes detailing recommended strategies for implementing LGBTQ+ inclusive practices: Theme I—flexible organizational culture; Theme II—infrastructure support; Theme III—active staff and leadership engagement; Theme IV—advocacy at multiple levels; and Theme V—multisectoral partnership. Strengthening partnerships across health-care systems, academic institutions, and LGBTQ+ community organizations is essential.                                                                                                                                                                                                                                                                                                                     | N/A                                                                                                                                                |

extracted twice by two independent reviewers. Discrepancies were then addressed and eliminated.

### Quality appraisal

The quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT) (Hong *et al.* 2018), which includes questions tailored to different study designs including qualitative studies (seven items), randomized controlled trials (RCTs; seven items), non-RCTs (seven items), quantitative descriptive studies (seven items), and mixed-methods studies (17 items). Scoring for each item was conducted on a 'Yes', 'No', or 'Can't Tell' basis. MMAT discourages the calculation of an overall score and discourages the exclusion of studies based on low methodological quality (Hong *et al.* 2018).

### Data synthesis

Participants in the included studies were from various healthcare disciplines. Moreover, studies were significantly heterogeneous due to the use of various designs, methodologies, analyses, and outcome measurements. Therefore, studies were grouped, and findings were synthesized narratively according to knowledge, education, understanding, and awareness of IH, guided by Popay *et al.* (2006).

### Results

The initial search of the empirical literature identified a total of 4870 articles, and following the removal of duplicates ( $n = 1284$ ), 3586 articles underwent title and abstract screening. Following this process 152 articles were identified for full-text review (Fig. 1). A total of 37 articles were identified

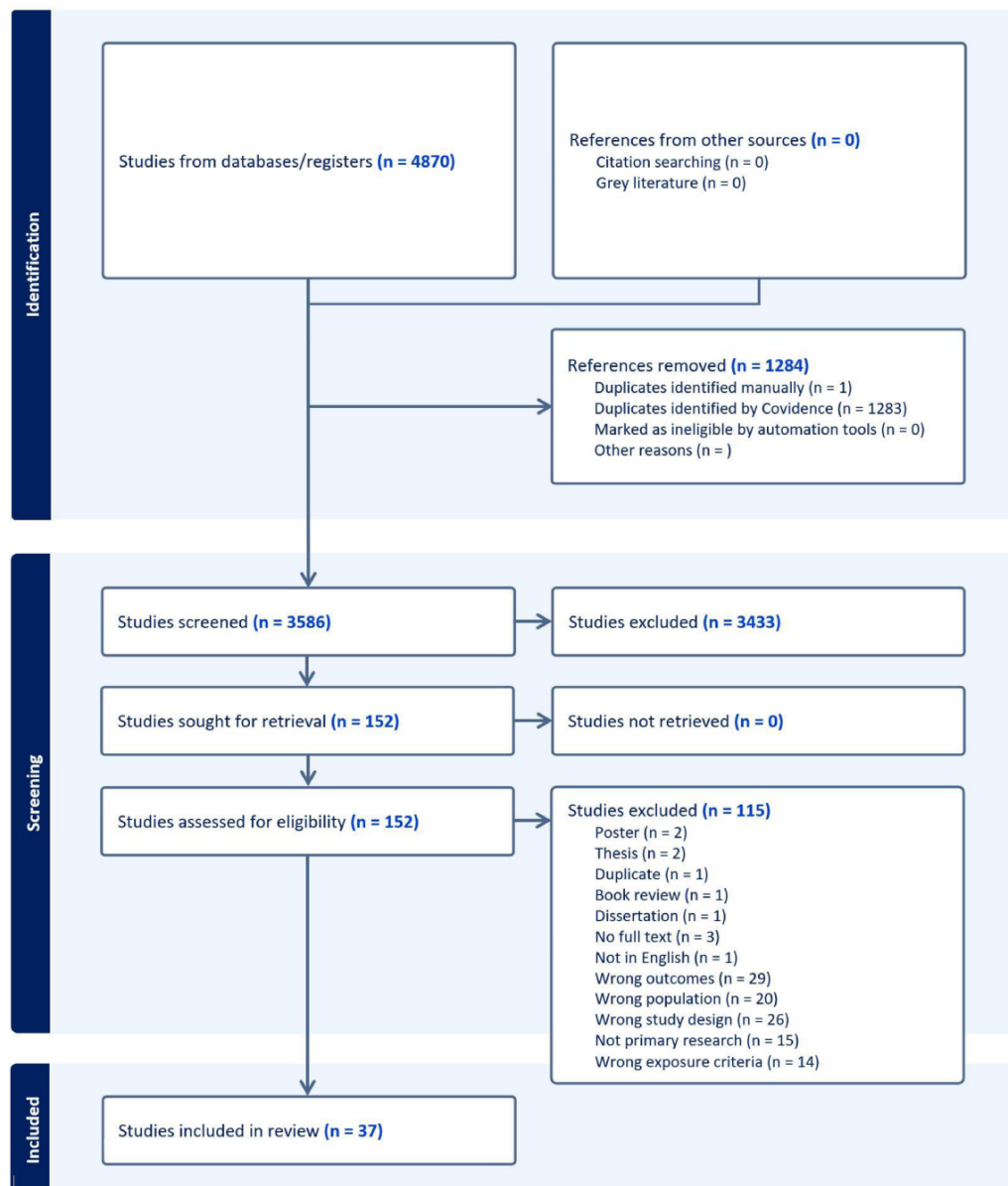


**Figure 1.** PRISMA flow chart showing final results.

for inclusion in the systematic review. The main reasons for the exclusion of empirical literature ( $n = 115$ ) at the eligibility stage included wrong outcomes ( $n = 29$ ), wrong study design ( $n = 26$ ), wrong population ( $n = 20$ ), and not primary research ( $n = 15$ ).

### Study characteristics

Over half of the included studies were conducted in the USA ( $n = 11$ ), Australia ( $n = 4$ ), South Africa ( $n = 3$ ), and the UK ( $n = 3$ ). Included studies were published between 2014 and 2024. Study participants included healthcare workers (doctors, nurses, and GPs), healthcare students (nursing, psychology, and medical students), and genetic counsellors. The studies largely focused on knowledge and understanding of IH regarding members of the LGBTQ+ community ( $n = 23$ ), while a smaller number of studies concerned people with disabilities ( $n = 4$ ), cultural competence ( $n = 4$ ), people experiencing homelessness ( $n = 1$ ), the elderly ( $n = 1$ ), and mental health support needs ( $n = 1$ ). In terms of research design, 21 studies were qualitative, 10 were quantitative, and 6 used a mixed-methods design. Sample sizes ranged from 6 (Grant et al. 2020) to 971 participants (Bod et al. 2024).

In 29 studies knowledge, understanding, education, and/or awareness of IH were assessed directly, whereas in 6 studies these were assessed after an intervention. Where attitudes were assessed directly, 16 studies used interviews, 13 used surveys, and 8 used focus groups. Interventions included 1-day training on maternal depression assessed using validated surveys (Adefolarin et al. 2021), an LGBT training protocol assessed by survey and focus group (De Los Reyes and Collicott 2022), an LGBTI health training course assessed by self-assessment using Likert scales (Donisi et al. 2020), an interprofessional learning activity for university students assessed by pre- and post-quizzes (Neill et al. 2021), case study simulation exercise assessed by pre- and post-surveys (Ward-Gaines et al. 2021), and attendance at a trans health conference (Sengupta et al., 2023). Three studies utilized an examination of curricular documents such as syllabi (Blus-Kadosh and Hartal 2024) and simulation scenarios (Bod et al. 2024), while Eshun et al. (2024) included an analysis of case records.

Full study characteristics with findings from individual studies are presented in Table 1.

### Quality appraisal

Quality assessment is presented in Table 2. Of the 37 included studies, all but two studies (Ward-Gaines et al. 2021, Blus-Kadosh and Hartal 2024) had a clear research question and all studies used appropriate data collection methods. All qualitative studies used an appropriate qualitative approach, and all but one of these studies (Tung et al. 2016) described data collection methods adequate to address the research question and presented findings adequately derived from the data. All but two studies (Tung et al. 2016, Table et al. 2022) presented an interpretation of results that was substantiated by their data, and all but four (Tung et al. 2016, MacCormick and George 2020, Dixon et al. 2021, Smythe et al. 2024) were coherent in their synthesis of qualitative data sources, collection, analysis, and interpretation.

One study was an RCT (Adefolarin et al. 2021) and two were non-RCTs (Donisi et al. 2020, Ward-Gaines et al. 2021).

In Adefolarin et al. (2021), there was no evidence that outcome assessors were blinded (Adefolarin et al. 2021). In Donisi et al. (2020), it was not clear if confounders were accounted for in the design and analysis, and in Ward-Gaines et al. (2021), confounders were not accounted for in the design and analysis (Ward-Gaines et al. 2021).

Among the 10 quantitative descriptive studies, the appropriateness of the measurements used by Klotzbaugh et al. (2022) was not clear and there was a risk of nonresponse bias in two studies (Klotzbaugh et al. 2022, Uink et al. 2022). Statistical methodology was not clear in three studies (Moll et al. 2014, Neill et al. 2021, Klotzbaugh et al. 2022).

Six mixed-methods studies were included, all of which outlined a clear rationale for using this research approach. One study did not seem to effectively integrate the study components, adequately interpret the integrated qualitative and quantitative elements of the study, or address inconsistencies between the two elements (Hooblaul et al. 2020). Neill et al. (2021) did not clearly interpret the integrated qualitative and quantitative components of the study.

### Data synthesis

The summary of findings of the individual studies is presented in Table 1. Most of the included studies ( $n = 23$ ) related to LGBTQ+ IH.

### Knowledge and understanding of healthcare professionals in relation to IH

Knowledge and understanding of IH were explored in the included literature in relation to several IH groups, which will be described together under shared subheadings as well as a wider IH heading below.

#### LGBTQ IH and training

The majority of the studies ( $n = 23$ ) focused on LGBTQ+ IH topics, staff awareness, inclusive services, and education and training needs of healthcare professionals. Studies focused on healthcare professionals' understanding and experiences of inclusive sexual and reproductive health in the LGBTQI population. Educational approaches and initiatives were explored in a number of studies. Moll et al. (2014), for example, focused on the prevalence of LGBT educational content in emergency medicine residency programmes. Online surveys were completed by residency programme directors ( $n = 124$ ) in the USA. The study identified that there was a substantial lack of education on the needs of the LGBT population with 26% of directors indicating that lectures on LGBT health were delivered as part of their programmes and 33% indicating that the topic of LGBT health was incorporated into their curriculum. Lack of need and a lack of interested faculty were identified as obstacles to the incorporation of LGBT health needs into the training of emergency medicine practitioners.

This finding was also identified in a study undertaken by MacCormick and George (2020) who used an online questionnaire to explore the inclusion of sexual and gender minority (SGM) health education in obstetric anaesthetics programmes in the USA (MacCormick and George 2020). Programme directors ( $n = 30$ ) indicated that they felt their programmes adequately prepared anaesthetists for supporting SGM patients, even though only 19% (5/26) of respondents indicated that SGM content formed part of their curriculum.

**Table 2.** MMAT (Hong et al. 2018)

| Screening                                                                                                                        | 1. Qualitative                                                                                     | 2. Quantitative RCTs                                             | 3. Quantitative nonrandomized                                                                      | 4. Quantitative descriptive                                                   | 5. Mixed methods                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| S1. Are there clear research questions?                                                                                          | 1.1. Is the qualitative approach appropriate to answer the research question?                      | 2.1. Is randomization appropriately performed?                   | 3.1. Are the participants representative of the target population?                                 | 4.1. Is the sampling strategy relevant to address the research question?      | 5.1. Is there an adequate rationale for using a mixed-methods design to address the research question?                  |
| S2. Do the collected data allow to address the research questions?                                                               | 1.2. Are the qualitative data collection methods adequate to address the research question?        | 2.2. Are the groups comparable at baseline?                      | 3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?       | 4.2. Is the sample representative of the target population?                   | 5.2. Are the different components of the study effectively integrated to answer the research question?                  |
| Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions. | 1.3. Are the findings adequately derived from the data?                                            | 2.3. Are there complete outcome data?                            | 3.3. Are there complete outcome data?                                                              | 4.3. Are the measurements appropriate?                                        | 5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?              |
|                                                                                                                                  | 1.4. Is the interpretation of results sufficiently substantiated by data?                          | 2.4. Are outcome assessors blinded to the intervention provided? | 3.4. Are the confounders accounted for in the design and analysis?                                 | 4.4. Is the risk of nonresponse bias low?                                     | 5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?             |
|                                                                                                                                  | 1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation? | 2.5. Did the participants adhere to the assigned intervention?   | 3.5. During the study period, is the intervention administered (or exposure occurred) as intended? | 4.5. Is the statistical analysis appropriate to answer the research question? | 5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved? |

Table 2. (Continued)

| Study | Screening                        | Qualitative |    |     |     |     | Quantitative RCT |     |     |     |     | Quantitative non-RCT |     |     |     |     | Quantitative descriptive |     |     |     |     | Mixed methods |     |     |     |     |     |     |
|-------|----------------------------------|-------------|----|-----|-----|-----|------------------|-----|-----|-----|-----|----------------------|-----|-----|-----|-----|--------------------------|-----|-----|-----|-----|---------------|-----|-----|-----|-----|-----|-----|
|       |                                  | S1          | S2 | 1.1 | 1.2 | 1.3 | 1.4              | 1.5 | 2.1 | 2.2 | 2.3 | 2.4                  | 2.5 | 3.1 | 3.2 | 3.3 | 3.4                      | 3.5 | 4.1 | 4.2 | 4.3 | 4.4           | 4.5 | 5.1 | 5.2 | 5.3 | 5.4 | 5.5 |
| 1     | Adelofarin et al. (2021)         | Y           | Y  |     | Y   | Y   |                  | Y   | Y   | Y   | CT  | Y                    |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 2     | Alnuaimi et al. (2020)           | Y           | Y  | Y   | Y   | Y   | Y                |     |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 3     | Blus-Kadosh and Hartal (2024)    | N           | Y  | Y   | Y   | Y   | Y                |     |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | Y   | NA            | Y   |     |     |     |     |     |
| 4     | Bod et al. (2024)                | Y           | Y  |     | Y   | Y   | Y                |     |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 5     | Brown et al. (2023)              | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | Y   | Y             | Y   | Y   | Y   | Y   | Y   |     |
| 6     | Grove et al. (2024)              | Y           | Y  |     | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | Y   | Y             | Y   | Y   | Y   | Y   | Y   |     |
| 7     | De Los Reyes and Collicot (2022) | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | Y   | NA            | Y   |     |     |     |     |     |
| 8     | Diamanti et al. (2024)           | Y           | Y  |     | Y   | Y   | Y                | CT  |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 9     | Dixon et al. (2021)              | Y           | Y  | Y   | Y   | Y   | Y                |     |     |     |     |                      |     | Y   | Y   | Y   | CT                       | Y   |     |     |     |               | Y   | Y   | Y   | Y   | Y   |     |
| 10    | Donisi et al. (2020)             | Y           | Y  |     |     |     |                  |     |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 11    | Eshun et al. (2024)              | Y           | Y  |     | Y   | Y   | Y                |     |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 12    | Gottvall et al. (2023)           | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 13    | Gottvall et al. (2020)           | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 14    | Grant et al. (2021)              | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 15    | Grant et al. (2021)              | Y           | Y  |     | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 16    | Hooblaul et al. (2020)           | Y           | Y  |     | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 17    | Jerala and Peretk (2024)         | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | CT  | CT            | CT  |     |     |     |     |     |
| 18    | Klorzbaugh et al. (2022)         | Y           | Y  |     |     |     |                  |     |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | CT  | CT            | CT  |     |     |     |     |     |
| 19    | Loo et al. (2021)                | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 20    | MacCormick and George (2020)     | Y           | Y  | Y   | Y   | Y   | Y                | NA  |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 21    | Marella, et al. (2018)           | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 22    | Meyer et al. (2018)              | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 23    | Moll et al. (2014)               | Y           | Y  |     |     |     |                  |     |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 24    | Motiff et al. (2024)             | Y           | Y  |     |     |     |                  |     |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | Y   | Y             | CT  |     |     |     |     |     |
| 25    | Neill et al. (2021)              | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | Y   | Y             | Y   | Y   | Y   | Y   | Y   |     |
| 26    | Peprah et al. (2021)             | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | Y   | Y             | CT  | Y   | CT  | Y   | Y   |     |
| 27    | Pinto et al. (2023)              | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | Y   | Y             | CT  | Y   | Y   | Y   | Y   |     |
| 28    | Rinaldi and Batselé (2022)       | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 29    | Seidu et al. (2024)              | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 30    | Sengupta et al. (2023)           | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 31    | Seretlo et al. (2024)            | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 32    | Smythe et al. (2024)             | Y           | Y  | Y   | Y   | Y   | Y                | N   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 33    | Sommarö, et al (2020)            | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 34    | Table et al. (2022)              | Y           | Y  | Y   | Y   | Y   | Y                | CT  |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 35    | Tung et al. (2016)               | Y           | Y  | Y   | Y   | Y   | Y                | CT  |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |
| 36    | Uink, et al. (2022)              | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     | Y   | Y   | Y   | NA            | Y   | Y   | Y   | Y   | Y   |     |
| 37    | Ward-Gaines, et al. (2021)       | N           | Y  |     |     |     |                  |     |     |     |     |                      |     | Y   | Y   | Y   | N                        | Y   |     |     |     |               |     |     |     |     |     |     |
| 38    | Yu et al. (2024)                 | Y           | Y  | Y   | Y   | Y   | Y                | Y   |     |     |     |                      |     |     |     |     |                          |     |     |     |     |               |     |     |     |     |     |     |

A perceived lack of need for SGM health education was identified as the biggest obstacle to the inclusion of SGM health education, followed again, by a lack of interest among faculty members. Similarly, an absence of adequate LGBTQ+ representation was identified in the curricula of emergency medics (Bod *et al.* 2024) and in an analysis of nursing education programmes across the UK and Ireland (Brown *et al.* 2023).

Neill *et al.* (2021) used an online pre- and post-learning activity in an online Facebook discussion group (Neill *et al.* 2021). IPL activities were engaged in by healthcare professionals, including nursing, pharmacy, and public health personnel. In cohort 1, students engaged in a pre- and post-questionnaire and Facebook discussion threads. Students, in cohort 2, undertook reflective essays in addition to the questionnaire and Facebook discussion thread. This study identifies that Facebook could be a feasible mechanism to deliver LGBTQ education to healthcare professionals and improve the short-term knowledge of LGBTQ healthcare disparities and practices.

Four studies focused on pre- and post-assessment of the impact of training on healthcare professionals' understanding of LGBTI cultural competencies, healthcare disparities, and inclusive practices. De Los Reyes and Collicot (2022) undertook a pre- and post-training analysis of a 12-h training module, divided into eight 90-min-long sessions on multicultural competencies with SGM populations, with psychology undergraduate students in Mexico. Donisi *et al.* (2020) undertook a pre- and post-quantitative analysis of a *Health4LGBTI* training course, focusing on LGBTI cultural competencies, with 110 healthcare professionals, from diverse backgrounds across six European countries. The findings of De Los Reyes and Collicot (2022) and Neill *et al.* (2021) indicate that training programmes specific to the healthcare needs of the LGBTI community can help foster inclusive clinical environments and improve cultural competency among healthcare professionals. Similarly, Sengupta *et al.* (2023) succeeded in demonstrating an 87.5% improvement in understanding of transgender identity and knowledge of transgender health issues among US first-year medical students following their intervention.

Training needs were also identified by Crowe *et al.* (2024) whose medical trainee respondents in the UK reported poor levels of confidence in discussing gender identity and LGBTQ+ health, concluding a need for training not solely focused on sexual health. This lack of comfort with using gender-inclusive language was also identified in the USA by Motiff *et al.* (2024) in their study of genetic counsellors.

Table *et al.* (2022) focused on US healthcare staff's ( $n = 27$ ) perspectives on LGBT-inclusive practices. Healthcare staff stated that in some instances changes had already been made to promote inclusive practices, but it was not always evident what further initiatives were required, and professionals were uncertain about what to implement. The literature indicated a tension between the need to preserve professional competence, while acknowledging and addressing gaps in knowledge and experience (Table *et al.* 2022).

A further study undertaken by Grant *et al.* (2020) focused on the knowledge of clinicians and healthcare students ( $n = 12$ ) in Tasmania of LGBTI+ inclusive care and its inclusion in policy, training, and curriculum development (Grant *et al.* 2021). The study identified that healthcare professionals reported receiving insufficient training and encountered practical difficulties due to a lack of knowledge and understanding of relevant referral pathways for LGBTI+ patients.

Using a grounded theory approach, with six GPs in Tasmania Grant *et al.* (2020) identified that heteronormativity was implicit in approaches to young women's sexual health and that monosexism shapes LGBTIQ inclusive practices. This study also warned that negative healthcare experiences of heteronormativity could result in a reluctance to seek healthcare, and they called for greater awareness, training, and 'application of LGBTIQ-inclusive policies' (p. 258). Peprah *et al.* used focus groups with healthcare users and healthcare providers to explore the role of an intercultural healthcare system in Ghana (Peprah *et al.* 2021). Participants understood an intercultural healthcare system to mean a system that brings together traditional and biomedical healthcare providers and that focuses on underserved communities.

#### *Trans-inclusive healthcare*

Lack of training in transgender health needs was identified as an issue in a quantitative study, undertaken by Klotzbaugh *et al.* (2022) with family nurse practitioners in the USA. Furthermore, nurse practitioners had to source best practice guides themselves to augment their own knowledge and provide appropriate healthcare to transgender people. A scarcity of information regarding trans-affirming care was also highlighted by Blue-Kadosh *et al.* (2024) who outlined barriers that lead to unequal and trans-exclusive primary healthcare.

Only one study, undertaken by Loo *et al.* (2021), sought the perspectives of both transgender people ( $n = 61$ ) and healthcare professionals ( $n = 23$ ) in identifying barriers to and solutions for promoting access to gender-affirming care in the USA. Using a grounded theory approach, it was identified that transgender people and healthcare professionals (HCPs) spoke of the need for greater connection and links between disparate aspects of the health system to promote gender-affirming healthcare. This would require systems-level improvements including expanded mental health services, inclusive healthcare environments, and transgender and gender-diverse (TGD) staff, employed within these services. The need for greater TGD community partnership and outreach was also identified as a priority. Yu *et al.* (2024) also suggested the need for such partnerships in their study of nursing leaders in the USA, recommending strengthening partnerships with LGBTQ+ community organizations.

#### *IH populations as participants*

The small number of studies that engaged members of the LGBTQ community as participants was stark. The study by Seretlo *et al.* (2024), for example, seemed to feature a glaring lack of consultation with those likely to be best placed to inform the study's aim of identifying the 'holistic sexual-reproductive healthcare services and needs for queer individuals', given that it only sought the perspectives healthcare providers in South Africa.

The study by Jerala and Petek (2024), on the other hand, explicitly sought the experiences and expectations of both LGBT+ individuals as well as GPs in Slovenia, contributing to a richer participatory study. Seidu *et al.* (2024) fully recognized and enacted the importance of 'Nothing about us, without us' in identifying strategies to improve sexual and reproductive health outcomes for people with disabilities.

#### *IH and diversity training*

Health and community workers' knowledge, confidence, and training in supporting Aboriginal LGBTIQ+ people were also

explored by Unik et al. (2022). While respondents reported a high confidence rate in supporting this population similar to the findings of Table et al. (2022), they still struggled to meet the needs of this population, despite a commitment to provide appropriate services (Table et al. 2022). Training on the needs of Aboriginal LGBTIQ+ people and training on how best to enable inclusive practice were two areas that required development, although some participants had engaged in specific accredited programmes, enabling them to discuss the needs of LGBTIQ+ people more openly, within their own organizations. In some instances, professionals drew on their experiences of supporting other marginalized groups to augment their knowledge of how to support the LGBTIQ+ community (Table et al. 2022).

However, the inadequacy of training and education regarding LGBT people's needs in healthcare was entirely laid bare by Pinto et al. (2023) in their examination of nursing students in South Africa. In fact, they go on to suggest that educational efforts may be insufficient in the face of 'heterosexist, homophobic and transphobic views' (p. 1982). The students who engaged in the focus group interviews revealed stark binary, homophobic stance, and transphobic stance. The authors recommend that understandings of homophobia and transphobia should be included as core healthcare knowledge.

#### *IH and disability*

Sommario et al. used focus groups with healthcare professionals in residential centres in Sweden to assess their knowledge and attitudes concerning residents with both intellectual disability (ID) and norm-breaking sexuality and/or gender identity (Sommarö et al. 2020). Healthcare professionals working with children and those working with adults were included in the study. It was reported that in general, individual sexuality was not visible in the residential centres and when it was, it was framed negatively by the healthcare professionals and associated with problematic behaviour. Participants considered that other areas of care for people in their care needed to be prioritized.

Rinaldi and Batselé interviewed 12 medical specialists across a wide range of clinical specialities in Belgium and France (Rinaldi and Batselé 2022). All participants reported that they had received no training in care of people with ID other than general mental health diagnostics. Many participants reported that they would benefit from training in care of people with ID. However, others reported that this would not be of benefit as they felt their current practice was appropriate, that it was not part of their job, or that people with ID formed a small part of their patient population. In this study, there was a mix of attitudes to the professional responsibility of the medical specialist in caring for people with ID. While many practitioners assumed responsibility for ensuring inclusive practices, others delegated responsibility to others, such as family members, GPs, and allied healthcare professionals, or declined any responsibility.

Qualitative interviews based on a theoretical framework were used by Marella et al. to investigate factors influencing disability inclusion in eye-health services in the Bandung district of Indonesia (Marella et al. 2018). Participants included eye-care clinicians, community health officers, and people with physical, vision, or hearing impairments among others. It was found that while disability-specific factors could impact the introduction of the service, many of the issues identified

were also associated with providing healthcare to a general population.

Similarly, Tung et al. (2016) used an online survey to assess nurses' knowledge of universal health coverage for inclusive and sustainable elderly care services. Nurses demonstrated gaps in knowledge on this topic, in particular in relation to policy-making. A lack of knowledge relating to those with mental health support needs was also identified as an issue by Hooblaul et al. (2020) who examined the knowledge, attitudes, and perceptions of physiotherapists towards mental health. Using a questionnaire and focus groups, the study determined that physiotherapists received limited training about mental health at the undergraduate level.

Adefolarin et al. (2021) assessed the effect of a 1-day training intervention and follow-up supervision on knowledge, skills, and self-efficacy of primary healthcare workers regarding maternal depression in Ibadan, Nigeria. Healthcare workers who received the intervention demonstrated greater knowledge gain and greater self-efficacy compared to those who did not receive training. Clients receiving care from those who undertook the intervention also demonstrated greater knowledge gain compared to those who received care from healthcare workers who did not undertake training.

A study of midwives in Greece showed low knowledge scores regarding perinatal care for women with disabilities (WWDs) and emphasized a need for greater services adapted to the needs of WWDs (Diamanti et al., 2024).

#### *Intersecting IH issues*

Alnuaimi et al. explored cultural, religious, and traditional perspectives through in-depth interviews with healthcare professionals about sexual education for women who have given birth in Jordan (Alnuaimi et al. 2020). Cultural norms and beliefs were identified as a barrier to communication about post-partum sexuality. However, many HCPs interviewed did not believe that it was their role to discuss issues of sexuality with post-partum women and acknowledged that they did not receive education about this topic during their training. Participants perceived a conflict between medical practice and religious customs and an imbalance in sexual power in relationships that inhibited women's choices as to when they resumed intercourse post-partum. Pre-natal education was identified as one means of addressing these issues although it was suggested that male partners were more likely to accept education on matters of sexuality from a male HCP or a religious leader.

The intersection of forced migrants' health needs and LGBTIQ+ health needs was explored by students and academics in Sweden (Gottvall et al. 2023) who emphasize the need for culturally sensitive and equitable healthcare. The intersectionality of IH was also emphasized in the work of Seidu et al. (2024) who examined strategies to improve the sexual and reproductive health outcomes of people with disabilities in Ghana, by engaging with stakeholders.

Dixon et al. assessed medical students' experiences of and attitudes towards IH education, using semi-structured interviews with UK-based medical students (Dixon et al. 2021). The study found that students felt unprepared to work with IH groups and preferred interactive teaching and learning in IH education. The perspectives of community-based aged-care workers on diversity training and on the implementation of training into practice were assessed by Meyer et al. 3 months

after participants took part in a 1-day diversity training workshop in Melbourne, Australia (Meyer *et al.* 2018). While diversity concepts were positively received by participants, they reported that it is difficult to apply diversity principles in practice. Ward-Gaines *et al.* assessed the usefulness of a diversity simulation exercise for medical residents. The 18 participants in the exercise completed pre- and post-simulation surveys and reported that they found the exercise useful and that it improved their confidence in IH situations, in particular in 'difficult conversations' (Ward-Gaines *et al.* 2021). Many IH issues intersect with those experiencing homelessness so it was surprising that only one study explicitly addressed this population (Eshun *et al.* 2024).

## Discussion

It is clear from the literature we retrieved that healthcare professionals are considered to have an important role to play in working toward more inclusive healthcare. This review indicates that the needs of some minority groups have received more attention than others when it comes to the preparation of healthcare professionals. The fact that a significant proportion of the studies reviewed examined the knowledge and understanding of healthcare professionals regarding SGM issues is of interest. It may suggest, for example, that LGBTQ+ representative groups have effectively lobbied for the inclusion of inclusive content in education and training. The minimal explicit attention to IH for those experiencing homelessness was surprising given housing crises in many cities globally.

The review highlighted unconscious bias as a contributor to exclusion of minority groups such as LGBTQI+, as evidenced by a number of studies in this review (Moll *et al.* 2014, MacCormick and George 2020, Grant *et al.* 2021). This systematic review identifies varying levels of understanding, knowledge, and awareness of IH among healthcare professionals. Training was identified as influential in enhancing the understanding and knowledge of IH required to facilitate inclusive practice (Meyer *et al.* 2018, Donisi *et al.* 2020, Hooblal *et al.* 2020, Sommarö *et al.* 2020, Adefolarin *et al.* 2021, Grant *et al.* 2021, Neill *et al.* 2021, De Los Reyes and Collicot 2022, Uink *et al.* 2022, Motiff *et al.* 2024, Seidu *et al.* 2024, Smythe *et al.* 2024).

The review also illustrates an interesting dichotomy of study approaches. There were very few interventional or trial-type studies examining healthcare professionals' knowledge and understanding of IH. The establishment of more firm empirical data regarding the impact of educational interventions would be difficult to design but could prove useful in determining the precise location of barriers to more inclusive healthcare. Interventions should attempt to impact higher levels of structural inequities that constitute barriers to more inclusive healthcare. Failing to do this will result in studies that examine only the impact on the frontline workforce who find themselves working in inequitable and exclusionary health services, the design of which they can rarely influence.

## Implications for policy, practice, and future research

Future health policy must recognize the importance of including the voices and experiences of excluded groups when planning health services in order to strive towards more culturally appropriate and acceptable healthcare as highlighted

in the findings of this review (Meyer *et al.* 2018, Peprah *et al.* 2021, Jerala and Petek 2024, Seidu *et al.* 2024). Working in partnership with excluded groups, health services, and health professions' educators can play an important role in promoting an understanding of the health needs of marginalized communities. This in turn may contribute to the development of appropriate interventions to improve health and foster leadership at local and national levels (Campos-Matos *et al.* 2019a). Relying on staff education and training is not sufficient on its own and must come as part of wider structural and cultural transformation informed by the participation of public and representative groups and backed up by strong empirical research connecting professional health knowledge and practices with health outcomes.

## Limitations

This systematic review is not without limitations. While relevant databases were systematically searched, broader databases such as Scopus, Embase, and Web of Science were not searched. In addition, only the concept of 'inclusion health' was searched and keywords relevant to various marginalized/vulnerable populations were not included in the search strategy. This could have led to the omission of potentially relevant studies, thus increasing the risk of study selection bias.

The included studies originated predominantly from countries with High and Very High Human Development Index. Therefore, review findings may not be generalizable, particularly when IH remains ill-defined in a number of jurisdictions. This highlights the importance of expanding the understanding of IH globally.

## Conclusion

The absence of a globally recognized understanding of IH may be a barrier to achieving deep knowledge and understanding of this concept among healthcare professionals. Several areas of health and medical care, such as international clinical guidelines, enjoy the existence of consensus statements and practices that are recognized internationally as universally applicable. The same cannot be said for IH, where there appear to be some differences in understanding and, consequently, a failure to prioritize its inclusion in healthcare professionals' education.

Studies in this review suggest an ongoing need to engage widely with IH as a core area of healthcare practice. We argue, therefore, that there is a need for an agreed global understanding of IH as being the promotion of inclusive and equitable healthcare. The very process of coming to a consensus on such a universally understood comprehension of IH would serve to engage healthcare professionals in an understanding of the need to shape the structures of the health systems in which they work and to ensure more equitable and just health outcomes.

## Author contributions

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## Reflexivity statement

The authors include eight females and two males and span multiple levels of seniority. All authors are involved in research activities focused on Nursing, midwifery, pharmacy, dentistry, mental health, and public health. The authors of this paper acknowledge that they write from a place of privilege in secure, tenured positions in a university in a safe country. They enjoy academic freedom as it is enshrined in law in our country. Two members of the research team write in English as their second language, and both reside in a country other than that of their birth. The authors have extensive experience in conducting qualitative and quantitative research and literature reviews across the health fields. All researchers contributed to the analysis and finalization of the manuscript.

## Ethical approval

No ethical approval was required for the research as it is a systematic review of literature. Ethical approval for this type of study is not required by University College Cork.

## Conflict of interest

None declared.

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## References

- Adefolarin AO, Gershim A, Sola AO *et al.* The effect of training and supervision on primary health care workers' competence to deliver maternal depression inclusive health education in Ibadan, Nigeria: a quasi-experimental study. *BMC Health Serv Res* 2021;**21**:1286.
- Alnuaimi K, Almalik M, Mrayan L *et al.* Resumption of sexuality and health education in postpartum period: from Jordanian health care professionals' perspectives. *J Sex Marital Ther* 2020;**46**:639–48.
- Arnault L, Jusot F, Renaud T. Economic vulnerability and unmet healthcare needs among the population aged 50+ years during the COVID-19 pandemic in Europe. *Eur J Ageing* 2022;**19**:811–25.
- Bartley M, Sacker A, Clarke P. Employment status, employment conditions, and limiting illness: prospective evidence from the British household panel survey 1991–2001. *J Epidemiol Commun Health* 2004;**58**:501–06.
- Berger GE, Peerson A. The changing context of providing inclusive health care in the twenty-first century: new directions for cultural competence training. *MedEdPublish* 2016;**5**:46.
- Bettany-Saltikov J. *How to Do a Systematic Literature Review in Nursing: A Step-by-Step Guide*. Maidenhead: Open University Press, 2012.
- Blus-Kadosh I, Hartal G. “We have knowledge that is unique”: patient activism and the promotion of trans-inclusive primary care. *Soc Sci Med* 2024;**344**:116654.
- Bod J, Buck S, Chandler I *et al.* LGBTQ+ individuals are not explicitly represented in emergency medicine simulation curricula. *MedEd-Publish* 2024;**14**:30.
- Braveman P. What are health disparities and health equity? We need to be clear. *Public Health Rep* 2014;**129**:5–8.
- Brown M, McCann E, Webster-Henderson B *et al.* The inclusion of LGBTQ+ health across the lifespan in pre-registration nursing programmes: qualitative findings from a mixed-methods study. *Healthcare* 2023;**11**:198.
- Campos-Matos I, Stannard J, de Sousa E *et al.* From health for all to leaving no-one behind: public health agencies, inclusion health, and health inequalities. *Lancet Public Health* 2019a;**4**:e601–e603.
- Connolly S, Wren M-A. Unmet healthcare needs in Ireland: analysis using the EU-SILC survey. *Health Policy* 2017;**121**:434–41.
- Covidence. *Covidence Systematic Review Software*. Melbourne, Australia: Veritas Health Innovation. 2024. [www.covidence.org](https://www.covidence.org) (1 February 2025, date last accessed).
- Crowe A, Hogan P, Morrison C *et al.* Towards inclusive healthcare: evaluating knowledge, confidence and awareness of LGBTQ+ health among Internal Medicine Trainees in London. *BMC Med Educ* 2024;**24**:851.
- De Los Reyes GOR, Collict D. “It’s not only about clinical tools but also our role as agents of social change”: implementing a LGBT competency training for future mental health practitioners in Mexico. *J Homosexual* 2022;**69**:230–53.
- Diamanti A *et al.* ‘Midwives’ knowledge and attitudes regarding perinatal care for women with disabilities. *Cureus* 2024;**16**:e67456.
- Dixon H, Povall A, Ledger A *et al.* Medical students’ experiences of health inequalities and inclusion health education. *Clin Teach* 2021;**18**:529–34.
- Donisi V, Amaddeo F, Zakrzewska K *et al.* Training healthcare professionals in LGBTI cultural competencies: exploratory findings from the Health4LGBTI pilot project. *Patient Educ Couns* 2020;**103**:978–87.
- Eshun E, Burke O, Do F *et al.* Exploring the role of rehabilitation medicine within an inclusion health context: examining a population at risk from homelessness and brain injury in Edinburgh. *Int J Environ Res Public Health* 2024;**21**:769.
- Gottvall M, Brunell C, Eldebo A *et al.* Nurse education about forced migrants with diverse sexual orientations, gender identities, and gender expressions: an exploratory focus group study. *Nurse Educ Today* 2023;**128**:105880.
- Grant R, Nash M, Hansen E. What does inclusive sexual and reproductive healthcare look like for bisexual, pansexual and queer women? Findings from an exploratory study from Tasmania, Australia. *Cult Health Sex* 2020;**22**:247–60.
- Grant R, Smith AK, Nash M *et al.* Health practitioner and student attitudes to caring for transgender patients in Tasmania: an exploratory qualitative study. *Aust J Gen Pract* 2021;**50**:416–21.
- Hong QN, Fàbregues S, Bartlett G *et al.* The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Educ Inf* 2018;**34**:285–91.
- Hooblaul M, Cobbing S, and Daniels KJ. The knowledge, attitudes and perceptions of physiotherapists in KwaZulu-Natal, South Africa, towards mental health. *S Afr J Physiother* 2020;**76**:a1483.
- Jerala N, Petek D. Enhancing LGBT+ primary healthcare in Slovenia: a national qualitative study of experiences and expectations of LGBT+ people and family doctors. *Eur J Gen Pract* 2024;**30**:2373121.
- Khan Z, Park S, and Black G. Using a meta-ethnographic approach to explore the role of interprofessional education in Inclusion Health for health and care staff. *J Integr Care* 2023;**31**:182–211.

- Khan Z, Vowles Z, Fernandez Turienzo C *et al.* Targeted health and social care interventions for women and infants who are disproportionately impacted by health inequalities in high-income countries: a systematic review. *Int J Equity Health* 2023;22:131.
- Klotzbaugh R, Hopwood R, Spencer G. She came to me for care, why would I say no? Survey results of advanced practice nurses caring for transgender and gender diverse patients. *J Am Assoc Nurse Pract* 2022;34:893–900.
- Lizarondo L *et al.* ‘Chapter 8: mixed methods systematic reviews’, in *JB I Manual for Evidence Synthesis*. JBI, 2020.
- Loo S, Almazan AN, Vedilago V *et al.* Understanding community member and health care professional perspectives on gender-affirming care—a qualitative study. *PLoS One* 2021;16:e0255568.
- Luchenski S, Maguire N, Aldridge RW *et al.* What works in inclusion health: overview of effective interventions for marginalised and excluded populations. *Lancet* 2018;391:266–80.
- MacCormick H, George RB. Sexual and gender minorities educational content within obstetric anesthesia fellowship programs: a survey. *Canad J Anaesth/J Can Anesth* 2020;67:416–21.
- Marella M, Smith F, Hilfi L *et al.* Factors influencing disability inclusion in general eye health services in Bandung, Indonesia: a qualitative study. *Int J Environ Res Public Health* 2018;16:23.
- Marmot M, Allen J, Bell R *et al.* WHO European review of social determinants of health and the health divide. *Lancet (London, England)* 2012;380:1011–29.
- McNeill S, O'Donovan D, Hart N. Access to healthcare for people experiencing homelessness in the UK and Ireland: a scoping review. *BMC Health Serv Res* 2022;22:910.
- Meyer C, Appannah A, McMillan S *et al.* “One size does not fit all”: perspectives on diversity in community aged care. *Australas J Ageing* 2018;37:268–74.
- Moll J, Krieger P, Moreno-Walton L *et al.* The prevalence of lesbian, gay, bisexual, and transgender health education and training in emergency medicine residency programs: what do we know? *Acad Emerg Med* 2014;21:608–11.
- Motiff H, Garcia K, Zhao Q *et al.* Use of gender-inclusive language in genetic counseling to optimize patient care. *J Genet Couns* 2024;34:e1882.
- Neill K, Allison MK, Jarrett DM *et al.* Designing an interprofessional Facebook discussion group to teach about LGBTQ healthcare disparities and inclusive practices. *Health Educ J* 2021;80:567–83.
- Ní Cheallaigh C, Lawlee A-M, Sears J *et al.* The development of an inclusion health integrated care programme for homeless adults in Dublin, Ireland. *Int J Integr Care* 2018;18:184.
- Page MJ, McKenzie JE, Bossuyt PM *et al.* The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71.
- Peprah P, Agyemang-Duah W, Arimiyaw AW *et al.* Removing barriers to healthcare through an intercultural healthcare system: focus group evidence. *J Integr Med* 2021;19:29–35.
- Pinto P, Macleod CI, Nhamo-Murire M. The binary order of things: a discursive study of nursing students’ talk on providing, and learning about, LGBT patient care. *J Homosexual* 2023;70:1979–2010.
- Popay Jennie, Roberts Helen, Sowden Amanda *et al.* Guidance on the conduct of narrative synthesis in systematic reviews: A product from the ESRC Methods Programme. 2006.
- Rinaldi R, and Batsel   E. “Is it my job?” An exploratory qualitative analysis of medical specialists’ adaptation strategies when addressing the health needs of people with intellectual disabilities. *J Intellect Disabil* 2022;27:388–403.
- Saab MM, O’Driscoll M, Sahm LJ *et al.* Referring high-risk individuals for lung cancer screening: a systematic review of interventions with healthcare professionals. *Eur J Cancer Prev* 2022;31:540–50.
- Seidu -A-A, Malau-Aduli AEO, Emeto TI *et al.* “Nothing about us, without us”: stakeholders perceptions on strategies to improve persons with disabilities’ sexual and reproductive health outcomes in Ghana. *Int J Equity Health* 2024;23:192.
- Sengupta T *et al.* Knowledge, attitudes, and beliefs of medical students toward transgender healthcare: a community-driven initiative. *Cureus* 2023;15:e49992.
- Seretlo RJ, Smuts H, Mokgatle MM. ‘Holistic sexual-reproductive healthcare services and needs for queer individuals: healthcare providers’ perspectives. *Healthcare* 2024;12:1026.
- Siersbaek R, Ford J, N   Cheallaigh C *et al.* How do health system factors (funding and performance) impact on access to healthcare for populations experiencing homelessness: a realist evaluation. *Int J Equity Health* 2023;22:218.
- Simplican SC, Leader G, Kosciulek J *et al.* Defining social inclusion of people with intellectual and developmental disabilities: an ecological model of social networks and community participation. *Res Dev Disabil* 2015;38:18–29.
- Small W, Van Borek N, Fairbairn N *et al.* Access to health and social services for IDU: the impact of a medically supervised injection facility. *Drug Alcohol Rev* 2009;28:341–46.
- Smythe T, Ssemata AS, Slivesteri S *et al.* Co-development of a training programme on disability for healthcare workers in Uganda. *BMC Health Serv Res* 2024;24:418.
- Sommar   S, Andersson A, Skagerstr  m J. A deviation too many? Healthcare professionals’ knowledge and attitudes concerning patients with intellectual disability disrupting norms regarding sexual orientation and/or gender identity. *J Appl Res Intellect Disabil* 2020;33:1199–209.
- Table B, Tronstad LD, Kearns K. “Anything is helpful”: examining tensions and barriers towards a more LGBT-inclusive healthcare organization in the United States. *J Appl Commun Res* 2022;50:382–401.
- Tung FLN, Yan VCM, Tai WLY *et al.* Nurses’ knowledge of universal health coverage for inclusive and sustainable elderly care services. *Rev Lat Am Enfermagem* 2016;24:e2670.
- Uink B, Dodd J, Bennett S *et al.* Confidence, practices and training needs of people working with Aboriginal and Torres Strait Islander LGBTIQ+ clients. *Cult Health Sex* 2022;25:206–22.
- Ward-Gaines J, Buchanan JA, Angerhofer C *et al.* Teaching emergency medicine residents health equity through simulation immersion. *AEM Educ Train* 2021;5:S102–S107.
- Waterall J, Newland R, Campos-Matos I *et al.* What is inclusion health and why is it important for all nurses and midwives? *Br J Nurs* 2021;30:866–67.
- Yu H, Ancheta AJ, Flores DD *et al.* Nurse leaders’ recommendations for implementing LGBTQ+ inclusive practices in health systems: a qualitative descriptive study. *Int J Nurs Studi Adv* 2024;7:100262.