

A qualitative systematic review of the implications of desexed language in female healthcare and healthcare literature.



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Background.

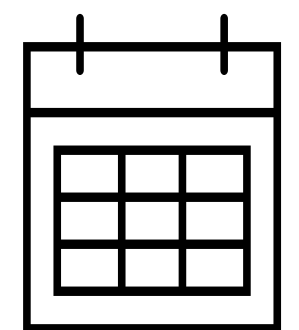
- The increased numbers of people identifying as gender-diverse (GD) has introduced challenges in respect to language used in female healthcare⁽¹⁾.
- The introduction of a new cohort of patients – those who identify out of their sex class – has ignited debates over the use of desexed language⁽²⁾.
- Desexed language neutralises references to biological sex to accommodate for GD individuals e.g., replacing ‘mother’ with ‘pregnant people’. Some argue such language is inclusive, while others worry it is inaccurate and ambiguous⁽³⁾.

Objectives.

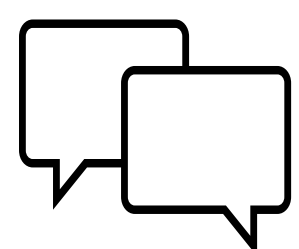
- This systematic review aims to examine the implications of desexed language in female healthcare and healthcare literature.

Methods.

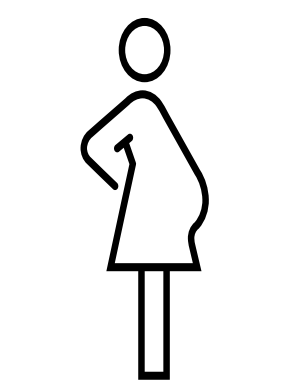
- Studies were included for review if they met the following inclusion criteria:



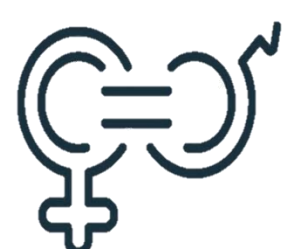
Published between 2010 and 2024.



Qualitative, primary research articles.



Focused on female healthcare.



Focused on desexed language implementation.

- A systematic search was conducted across MEDLINE, PsycINFO, and CINAHL databases from inception until 30th October 2024.

Results.

- Six studies remained for inclusion after screening. This is summarised in Figure 1, a PRISMA⁽⁴⁾ flow chart.

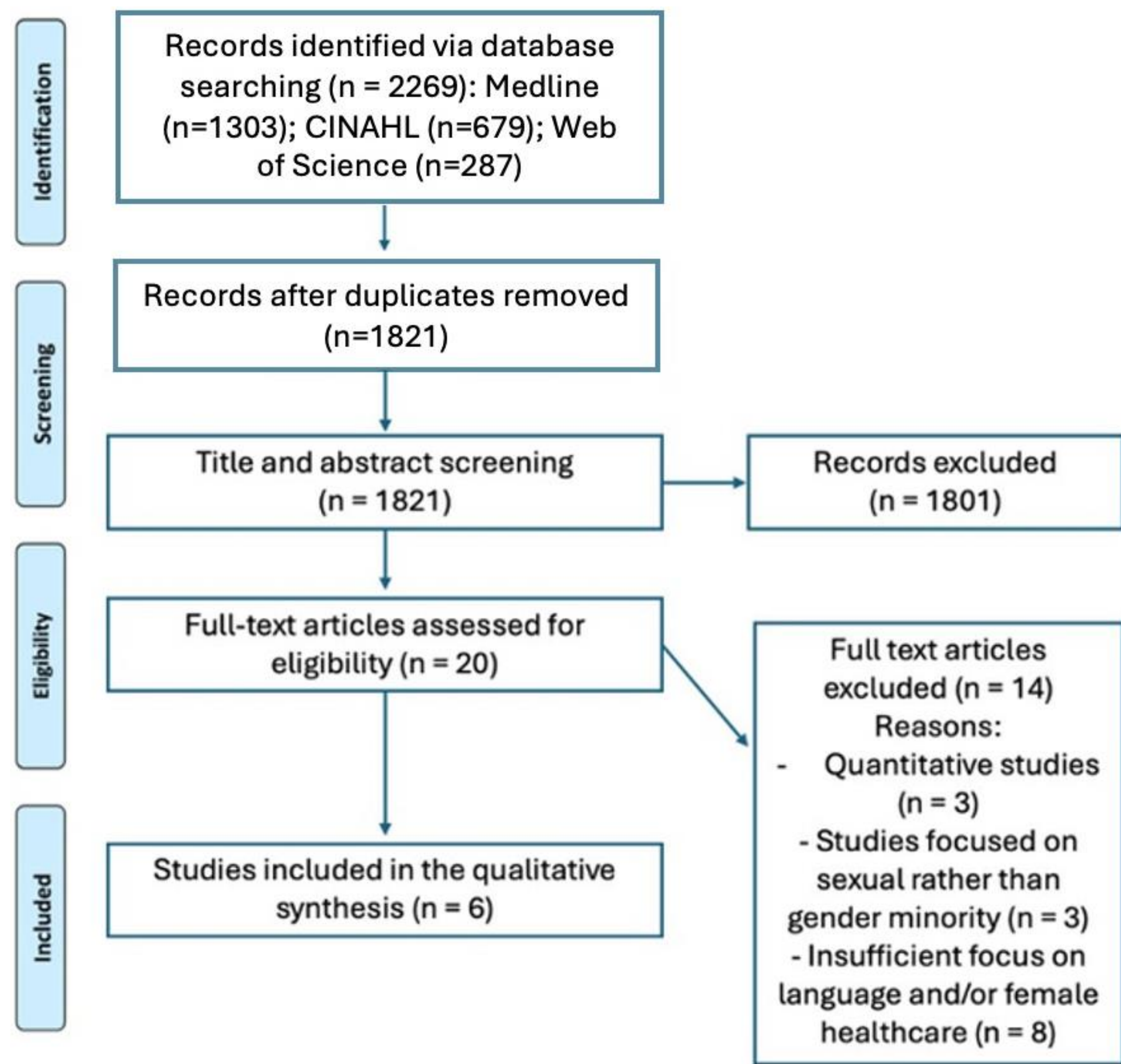


Figure 1: PRISMA documenting screening process. z

Results (continued).

- 96 participants were included, with the majority being GD individuals. The remaining participants comprised women and healthcare service providers. Studies were conducted in the United States, Canada, and Australia.
- The risk of bias in the studies was assessed using the Critical Appraisal Skills Programme (CASP⁽⁵⁾) checklist.
- Data was analysed thematically, through familiarisation and then systematic coding to identify key themes.
- Thematic analysis of six studies⁽⁶⁻¹¹⁾ yielded four common themes summarised in Figure 2.

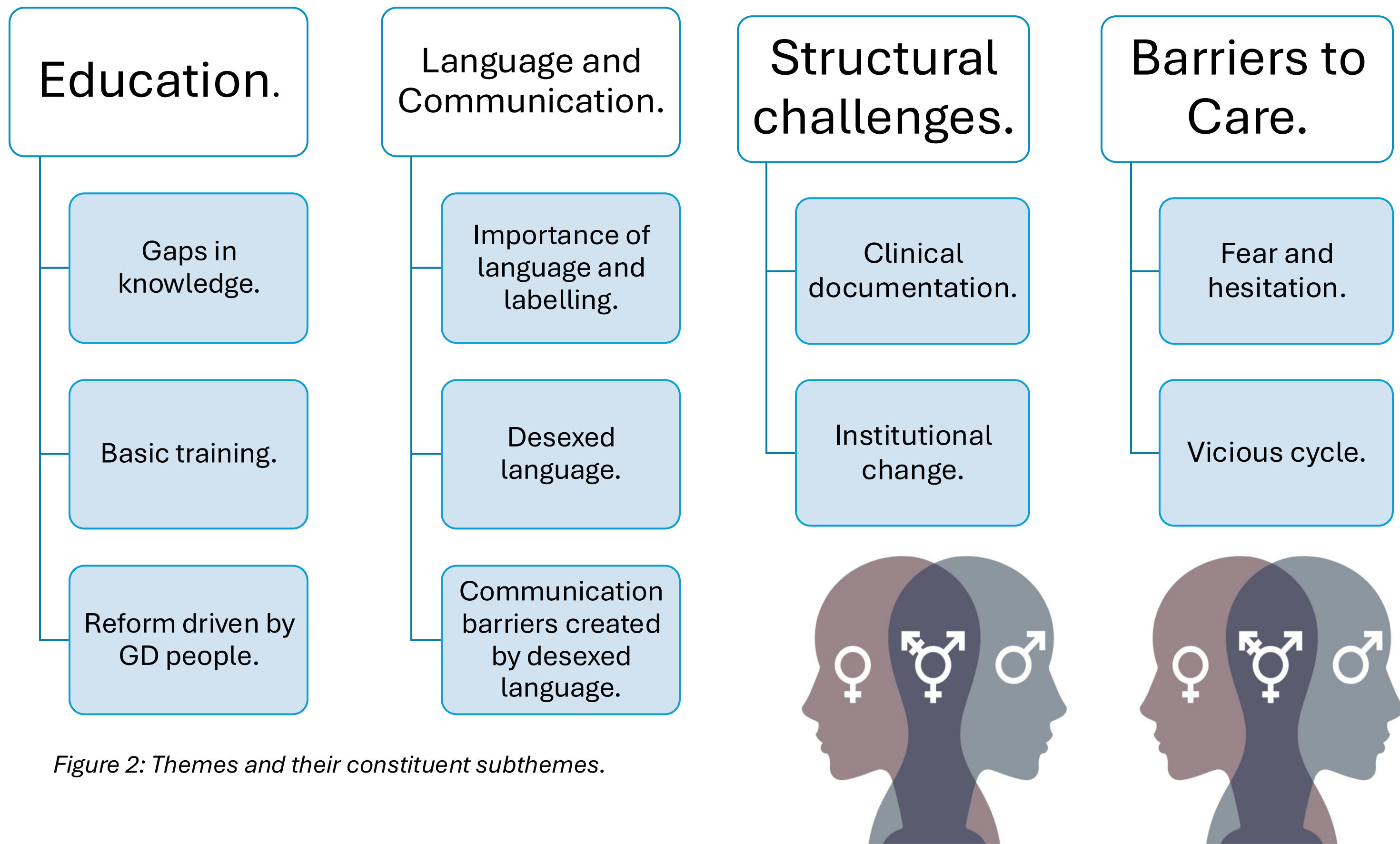


Figure 2: Themes and their constituent subthemes.

Discussion.

- Inextricable links were found across the four themes. This is summarised in Figure 3.
- This review highlights the need for separate resources tailored to the specific needs of gender-diverse patients, supported by clinician education on personalised, respectful language use. However, there is insufficient evidence to support the universal implementation of desexed language in female healthcare, and further research is needed to understand its impact on wider patient groups.

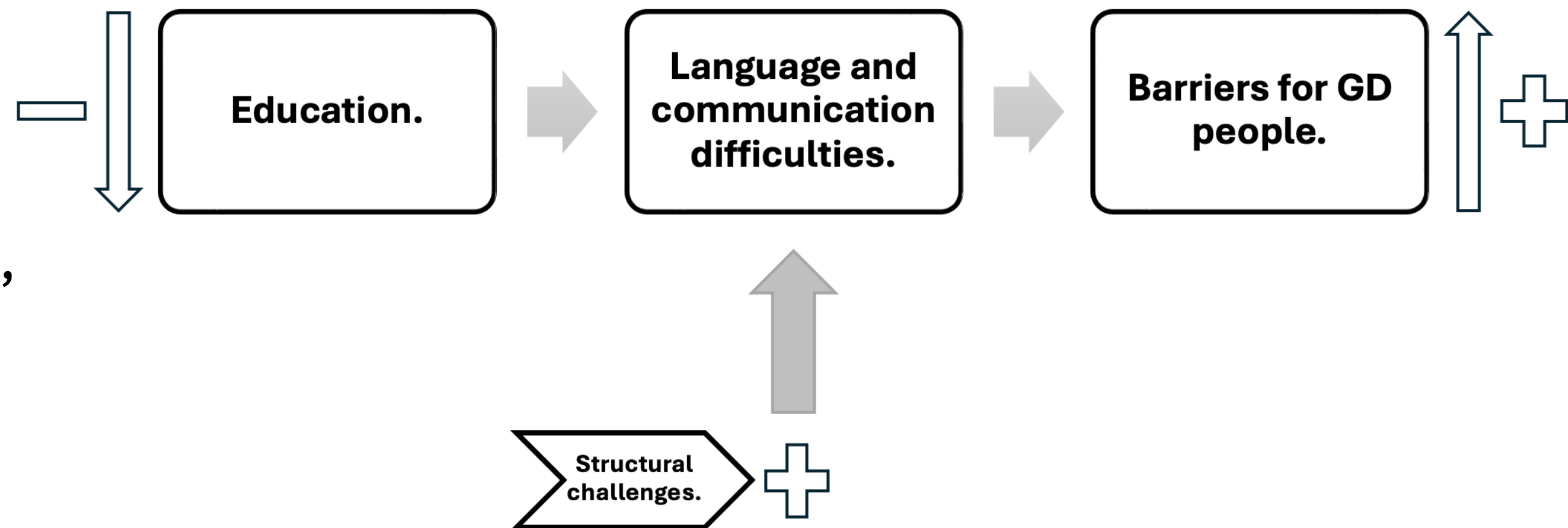


Figure 3: Model demonstrating how themes are linked.

References.

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