

# Transgender Health Care for Nursing Faculty

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# Objectives

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- Identify the lack of literature on transgender health care in nursing education.
- Understand potential barriers against an inclusive curriculum.
- Apply potential resolutions for inclusion.

# Introduction

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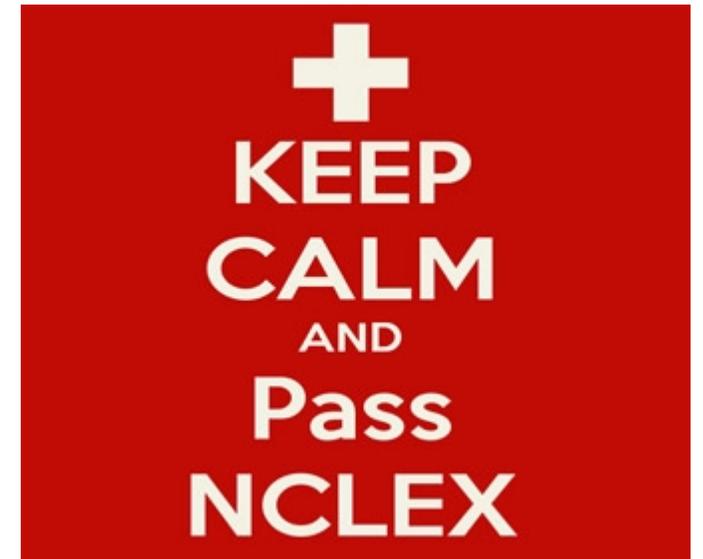
- LGBTQAI+, some better know it as LGBTQ or LGBT.
- Many people and health care providers don't understand the key differences between these groups of people included in this acronym.
- The T stands for transgender, which is defined as someone who does not identify their gender with their assigned natal sex.
- There are unique and specific health care needs to this population.



# Description of the Problem

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- ❖ Transgender people are one of the most targeted populations for hate crimes.
- ❖ Although Healthy People 2020 has identified the goal to, “Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals,” this has not been reflected in the NCLEX test plan (Healthy People, 2019; NCSBN, 2018).
- ❖ There is an education gap in nursing education for the transgender population.





# Literature Review



- CINAHL and PubMed
- The key words, “transgender health care” and “nursing faculty” were used for the years 2015-2019 for only peer reviewed articles.
- Only 2 article hits.
- Changed search word to “transgender” and “nursing education.”
- 10 articles hits.
- Articles that included minors, nurse practitioner school, or lacked any inclusion of nursing school were eliminated.
- Still lacked specificity.

# Problems with Literature

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- ❖ Limited with rigorous studies.
- ❖ Transgender exclusivity.
- ❖ Limited faculty focused.



# Themes

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- ❖ Lack of faculty preparedness.
- ❖ Transgender population misrepresented.
- ❖ Lack of exclusiveness on transgender health care needs.
- ❖ Transgender discrimination still very relevant.

# Review of Literature

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## **Evaluation of lesbian, gay, bisexual, and transgender knowledge in basic obstetrical nursing education.**

- (Echezona-Johnson, 2017).
- LGBT population as represented in a nursing obstetrical health course.
- Explains why nursing faculty does not include LGBT in their courses based on lack of experience, discomfort, lack of teaching methods, and lack of resources.
- Faculty preparedness.
- Lack of exclusiveness.
- Discrimination noted.

## **Impact of a formative program on transgender healthcare for nursing students and health professionals.**

- (García-Acosta et al., 2019).
- Misrepresentation.
- Defining mental illness related to gender identity.
- Gender dysphoria is related to the stress and anxiety related to being a gender minority.

# Review of Literature Continued

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## **A national survey of faculty knowledge, experience, and readiness for teaching lesbian, gay, bisexual, and transgender health in baccalaureate nursing programs.**

- (Lim et al., 2015).
- Transgender discrimination.
- Faculty preparedness.
- Examined nursing faculty on knowledge and readiness to teach about LGBT health care.
- Nursing faculty is not teaching transgender health issues nearly enough or have the right resources.
- One dean decline participation on the basis of religious values.

## **Transgender standardized patient simulation: Management of an oncological emergency.**

- (Ozkara San et al., 2019).
- Misrepresentation.
- The patient in this simulation was a cisgender person acting as a transgender patient.
- The article stated that they screened carefully for this participant by their, “ability to portray the role convincingly” (San et al., p. 631, 2019).

# Unexpected Themes

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- ❖ Even though this was faculty focused, students overwhelming wanted to learn more to be culturally competent.
- ❖ Some articles did display positive role modeling ideas.
- ❖ One article did show exclusives to transgender health care.



# Review of Literature Continued

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## **Meeting the needs of the transgender nursing student.**

- (Levesque, 2015).
- Looked at how faculty addresses and teaches when they actually have transgender students and how they make their classroom inclusive.
- Role modeling used.
- Using changed names, using preferred pronouns that professor can initiate by saying their own first to welcome the class.

## **Addressing the gender continuum: A concept analysis.**

- (Castleberry, 2019).
- Transgender exclusive.
- Discusses gender continuum.
- Understanding this concept is the first step to understanding transgender patients.

## **Learning about culturally humble care of sexual and gender minority patients**

- (Bell et al., 2019).
- Cultural humility as rationale to include transgender health care in a curriculum.
- The students after a work shop identified the major themes of needing cultural humility training, valuing the respect of all patients, and the need for more LGBT education throughout their program.

# Discussion/Analysis

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- There are specific health care needs of the transgender population.
- Nurses are in adequately prepared to take care of these patients.
- Nursing faculty is in adequately prepared to teach about them.
- Without a push of the NCLEX testing on these specific health care needs, there will doubtfully be push for change in curriculum.
- Discrimination still exists.
- Lack of understanding on exclusiveness is still very prevalent.

# Recommendations for Future Research

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- ❖ Qualitative study via survey among nursing faculty.
- ❖ The questionnaire will be used from the article “Nursing Faculty Awareness of Transgender Health and Experience: Effect of an Education Intervention” (Sieve, 2016).
- ❖ The prediction will be that faculty does not extensively teach transgender health care in their curriculum for numerous reasons, one being that they are not familiar with it themselves.
- ❖ Next a workshop for faculty on transgender health care issues will be done.
- ❖ The faculty will once again survey (just in case anyone who comes did not previously take the survey) before the workshop and then again after the workshop.

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