

New Nurses in Reproductive Health: Competency in Providing Trans*-Affirming Patient Care

ans* persc avoids interacting with health system

Trans* person has a health problem

> Trans* person seeks care

Introduction & Background

Trans* person's health issue not solved

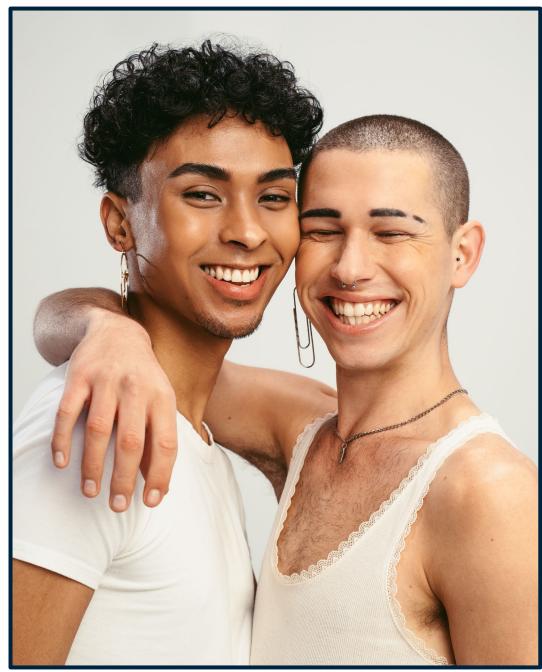
Broken arm syndrome

Patients who identify outside of the gender binary (trans* people) are more likely to face discrimination than their cisgender counterparts and often delay or avoid necessary healthcare as a result and suffer numerous poor health outcomes. While research has assessed strategies to provide general trans*-affirming care, there has been little examination of the role of the nurse, and specifically how trans*-specific education can help to prepare nurses working in sexual and reproductive health (SRH) to provide affirming care to this growing patient population.

Inappropriate questions & unnecessary examinations



Provider lacks appropriate knowledge



Purpose

This study sought to assess whether educating nurses on trans*-affirming care strategies and patient care interventions specific to reproductive health had a measurable effect on nurses' self-perceived level of knowledge and competency in those areas. Nurses were educated on strategies for providing safe, competent, and affirming nursing care to trans* patients in their current work environment while simultaneously learning to minimize harms that cause violence or reduce trans* peoples' comfort with seeking care for their reproductive health.

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Methods

Study Design

- RNs completed an online synchronous training, a "Trans* 101" which introduced topics such as differentiating sex vs. gender, gender dysphoria, and trans* health disparities
- RNs attended an in-person training where an unfolding case study was used to apply these concepts to theoretical patient scenarios specific to reproductive health
- Participants completed a 21-item survey which utilized a single assessment retrospective pre-post design (SARPPD) to measure change in knowledge and competency

Sample

Eligibility criteria: RNs employed in SRH nursing and licensed and hired within the previous calendar year.

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Literature Synthesis

Nurses receive no training on trans* issues or an insufficient amount

Curriculum hours dedicated to trans* health issues are negligible; one study found that on average, undergraduate nursing programs in the United States spend just 2.12 total hours of instructional time covering LGBT health, and nursing faculty self-identify as ill equipped to teach this subject (Lim et al., 2015). Despite an intention to provide unbiased care, studies have shown that baccalaureate nursing curricula do not adequately prepare students for these encounters (Thompson, 2019).

Trans* health issues are mistakenly conflated with issues of sexuality

Past research has demonstrated that most nurses receive no training on providing care to Lesbian, Gay, Bisexual and Transgender (LGBT) patients and that those do receive training often cite a single lecture in nursing school to cover the entire spectrum of LGBT issues (Carabez et al., 2015). Providing 'LGBT' education and combining issues of gender identity with issues of sexual identity results in an insufficient education on both topics.

Nurses desire more comprehensive education on care of trans* patients

Nurses lack of knowledge is a contributing factor to the care barriers faced by trans* people (Roosevelt et al., 2021). Nurses frequently state that additional training on providing care to trans* people would be beneficial to their practice (Carabez et al., 2015; Waxman et al., 2020). Nurse Practitioners studied by Cappiello and Boardman (2022) stated that not feeling fluent in the appropriate language to use with trans* patients is a barrier to confident provision of care.

Results

Demographics

12 Registered Nurses (RN) participated in this study. All participants (100%) identified as female. Eight respondents (66.7%) were between the ages of 18 and 24, and four respondents (33.3%) were between the ages of 25 and 34. Two participants (16.7%) completed their nursing education through an associate degree program (ADN) while ten participants (83.3%) received a bachelor's degree (BSN). All study participants graduated from their degree program in 2021 or 2022.

Previous Trans*-Affirming Care Education Experience

When surveyed about whether they had previously received instruction on providing care to trans* persons, less than half of respondents (n=5, 41.7%) had received such a training.

Self-Perceived Knowledge and Competency Ratings

The mean self-perceived ratings for each competency and knowledge area are outlined in the table below. Ability to complete a supportive and respectful patient assessment of a trans* person had the highest mean self-perceived competency score both before the training (3.33) and after the training (4.25). Knowledge of transgender health services offered in the nurses' home hospital system had the lowest self-perceived knowledge score both before the training (1.67) and after the training (3.33), but also showed the greatest amount of change from before the training to after the training (1.67). The total change in mean self-reported competency from pre-training to post-training was 1.06.

Table 2 – Mean Self-Perceived Competency Ratings with Standard Deviations & Change in Mean			
Area of Perceived Knowledge / Competency	Mean Before	Mean After	Change in
	Training (SD)	Training (SD)	Mean
Total	2.79 (0.54)	3.85 (0.29)	1.06
Area of Knowledge/Competency			
Gender/sex & gender dysphoria	2.92 (0.90)	4.00 (0.74)	1.08
Trans* services available	1.67 (0.89)	3.33 (0.78)	1.67
Therapeutic communication	2.75 (0.87)	3.67 (0.65)	0.92
Trans* health disparities	2.83 (1.03)	3.83 (0.83)	1.00
Reproductive health setting challenges	2.83 (1.03)	3.92 (0.67)	1.08
Respectful patient assessment	3.33 (0.78)	4.25 (0.75)	0.92
Advocating for respectful unit	3.17 (0.83)	3.92 (0.79)	0.75





Discussion & Implications for Practice

Discussion – Major Points

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- Increases were observed in all seven knowledge and competency areas • Results suggest providing education about trans*-specific care increases nurse confidence; findings correspond to previous LGBT interventions
- studied by Bristol et al. (2018) and Tartavoulle & Landry (2021). • Finding that < 50% received previous education on trans*-affirming care
- are consistent with 2015 findings from Lim et al. • Limitations of study include small sample size & SARPPD survey design

Implications for Nursing Research, Education, and Practice

- Nurses' role should be examined when research speaks to OB-GYN interactions with trans* patients i.e. birth or gender-affirming surgery
- Pre-licensure education should include more trans*specific content that crosses multiple educational modalities, not just lecture
- Nurses' ought to advocate for changes to address systemic barriers faced by trans* patients (such as EHR documentation limitations)

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