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

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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 receive unbiased care, studies have shown that baccalaureate nursing curricula do not adequately prepare students for these encounters (Thompson, 2019).

Nurses desire more comprehensive education on care of trans*-patients

Post 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.

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*-Afferming 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

<table>
<thead>
<tr>
<th>Area of Knowledge / Competency</th>
<th>Mean Before Training (SD)</th>
<th>Mean After Training (SD)</th>
<th>Change in Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender/sex &amp; gender dysphoria</td>
<td>2.92 (0.90)</td>
<td>4.00 (0.74)</td>
<td>1.08</td>
</tr>
<tr>
<td>Trans* services availability</td>
<td>3.67 (0.89)</td>
<td>3.97 (0.67)</td>
<td>0.30</td>
</tr>
<tr>
<td>Therapeutic communication</td>
<td>2.75 (0.7)</td>
<td>3.97 (0.66)</td>
<td>1.22</td>
</tr>
<tr>
<td>Trans* health disparities</td>
<td>3.83 (1.03)</td>
<td>5.83 (0.83)</td>
<td>2.00</td>
</tr>
<tr>
<td>Reproductive health challenges</td>
<td>3.81 (0.59)</td>
<td>5.92 (0.97)</td>
<td>2.11</td>
</tr>
<tr>
<td>Respectful patient assessment</td>
<td>3.33 (0.78)</td>
<td>4.25 (0.75)</td>
<td>0.92</td>
</tr>
<tr>
<td>Advocating for respectful unit</td>
<td>3.27 (0.86)</td>
<td>4.33 (0.79)</td>
<td>1.06</td>
</tr>
</tbody>
</table>

Discussion & Implications for Practice

Discussion – Major Points

- 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)

References


Trans* person’s health issue not solved

Trans* person seeks care

Healthcare system navigation unclear

Broken arm syndrome

Inappropriate questions & unnecessary examinations

Exoticization & Othering

Provider lacks appropriate knowledge

NURSING

THE UNIVERSITY OF NORTH CAROLINA at CHAPEL HILL SCHOOL of NURSING