TRANSGENDER-RELATED CONTENT IN TEXAS NURSING PROGRAMS

David Walsh, RN, MSN Student
Sherry Hendrickson, Ph.D., APRN-BC
The University of Texas at Austin School of Nursing

Purpose: Transgender individuals report disparities in health care, barriers in access to care, and a lack of cultural competence among health care providers (Reisner, Perkovich & Mimiaga, 2010). The extent of transgender healthcare-related education in nursing schools in Texas is unknown, but according to Obedin-Maliver et al (2011), as many as one-third of medical schools in the Western US and Canada spend no time at all on LGBT-related content during clinical years. And Alegria (2010) notes that as little as 10% of nursing students have a “basic level of knowledge regarding the care of the...transgender population.” No research has been found on the prevalence of transgender healthcare education in Texas nursing programs.

Methods: Following IRB approval, internet-based questionnaires were distributed between October and December 2013 to Deans of private and public approved schools of nursing in Texas. As a cross-sectional survey study, 12 questions were completed once. An online survey administration program (SurveyMonkey) was used to email invitations to schools to participate. This preliminary contact included the purpose of the study, that they were one of 113 schools invited to participate, that the survey would take about 12-15 minutes to complete, the study timeframe, potential benefits from participating, confidentiality measures, and directives for completing the online survey. Respondents were able to print a paper copy if preferred.

Findings: An 18% response rate over 3 weeks showed that a majority of respondents are deficient in transgender-related healthcare education. Sixty percent of Texas nursing program respondents report teaching the concept of gender identity; just half report addressing the transgender or transsexual patient. Less than half of programs think their students are aware of resources for referral for the transgender patient, and only 15% acknowledge teaching nursing care for a gender-reassigned patient.

Conclusions: This research shows that in Texas, at least, our nursing students do not appear to be receiving adequate education on what transgender means and how we can deliver competent, compassionate care to this underserved population. Further research is clearly warranted on how nursing care can be taught, improved, and delivered for this underserved population. Interdisciplinary investigation of methods to broaden the knowledge base of service providers - social workers, lawyers, medicine, nursing - and their respective faculty’s, as well as curriculum inclusion of transgender issues, would be one way to address Healthy People 2010’s still evasive goal of eliminating health disparities specific to gender and sexual orientation. Ideally a growing number of nursing programs will value facilitating that conversation, ensuring a safe and comfortable atmosphere for faculty, students, and patients on all points of the gender spectrum.