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Assessing Undergraduate Nursing Students' Comfort Level in Using Personal Pronouns When Providing Care to Clients

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Abstract

This study focuses on identifying the comfort level of undergraduate nursing students introducing themselves to clients in a clinical setting using gender-preferred personal pronouns. Following introduction of gender identity content into an adult medical surgical health course and role-playing by the students, the faculty instructed the students to include use of preferred personal pronouns during introductions to their clients in the clinical setting. A post-experience Qualtrics survey gathered quantitative data in comfort levels. The authors also identified common themes among the students from qualitative comments at the end of the survey. Following the analysis, the authors recommend use of the following methods to enhance the development of students' ability to provide informed compassionate care to clients with gender identity diversity: provision of resources for gender identity education for both faculty and students, development of relevant competencies, and faculty role modeling of inclusive and compassionate behaviors.

Keywords: Gender identity; Nursing students; Personal pronouns

Background

One of the goals of Healthy People 2030 is to promote the health and safety of the lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) population [1]. Objectives are aimed at protecting LGBTQ populations from bullying, reducing the population's use of illicit drugs and alcohol as coping mechanisms, reducing risk of suicide, reducing exposure to sexually transmitted infections, and improving healthcare's infrastructure support for the LGBTG population [1].

In a position statement issued in 2018, the American Nurses Association reported the expectation that all nurses provide care and advocate for lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ+) populations [2]. The ANA has added an "+" to the end of this acronym in support of including any cultural, sexual or gender minority. The position statement designates nursing professionals as role models and leaders in providing diversity quality care. This position statement is supported by the ANA's Code of Ethics which directs nursing to provide for the physical and emotional needs with dignity for all humans [2]. The ANA's Scope and Standards of Practice includes similar verbiage in providing ethical care across all populations [2]. The ANA [2] charges nursing education with, "including the challenges and disparities of LGBTQ at risk in curriculums".

Literature Review

A review of relevant literature provides several examples of techniques for integration of materials focused on the provision of competent and compassionate care for LGBTQ populations in nursing curricula.

A team at Johns Hopkins developed the Transgender Curriculum integration Project (TCIP) to build pre-licensure students' evidence-based knowledge and assess the students' opinions in Transgender and Gender Diverse (TGD) care [3]. The authors introduced the topic of TGD care into the curriculum by adding the topic to core courses at Johns Hopkins such as professional role development, health assessment, pharmacology, psychiatric-mental health, and childbearing family nursing [4].

According to a study by Yang [5], a base knowledge of gender sensitive issues should be included in undergraduate health-care provider curriculums. A survey of fifty medical and nursing professionals identified the top three concepts the professionals found to be lacking in their educations to prepare them regarding gender identity. These topics included "sexism, sexual harassment, and gender identity" [5]. In addition, the author suggests using resources for gender diversity and sensitivity to develop competencies for undergraduate students in curriculums [5]. Further methods found in the literature for introducing and reinforcing TGD care include role simulation and interactive exercises [6,7], and virtual simulation games [8]. Development of student toolkits promoting sensitivity to gender issues have provided a consistent teaching aid that could be offered in a timely manner and contribute to competency benchmarks [9,10]. found that using a video and guided discussion in an undergraduate nursing course as an education strategy in cultural humility contributed to students' self-awareness.

Sherman, et al. [3], reinforces the importance of the nurse's role in demonstrating cultural humility as key to decreasing stigma and discrimination in providing TGD healthcare. However, students report a perception that the time devoted to gender sensitivity and LGBTQ+ health care needs in their courses is inadequate [11]. In addition, students report that consideration for students who identify as LGBTQ+ may also be marginalized by nursing education programs when recruiting students [12].

Methods

Following introduction of gender sensitive care in a medical-surgical nursing course, the authors explored students' comfort level with introducing themselves to clients using preferred personal pronouns as an initial evaluation of the students' assimilation of new concepts. To accomplish this, researchers introduced an educational intervention followed by a post-educational intervention survey in the final semester of an associate degree and bachelor's degree undergraduate nursing program. During a three-hour lab activity, gender identity diversity concepts were introduced using the students' medical surgical text and resources obtained from the ANA. Following introduction of the topic, the faculty presented a case study about a transgender patient which included role playing dialogue. Students in the lab were assigned the role of the patient, patient's partner, and intake nurse.

A guided discussion followed the role-playing activity and included exploring questions such as "what could have been done better," and "what were the assumptions," [13]. The following week, students were asked to include their own preferred personal pronouns when introducing themselves to their assigned patients in the clinical setting over the course of the following three clinical experiences. The students were then asked to report their feelings of comfort when introducing themselves and including their preferred personal pronouns using a Qualtrics survey. The survey was developed by the faculty using a simple likert-scale format and an opportunity to add additional narrative comments (Figure 1). The faculty were particularly interested in the students' thoughts about teaching methods that would support their comfort level.

1. How comfortable are you with including preferred pronouns when introducing yourself to your patients in the hospital setting?
Extremely uncomfortable
Somewhat uncomfortable
Neutral (Neither comfortable/uncomfortable)
Somewhat comfortable
Extremely comfortable
2. If you answered extremely uncomfortable above, please add a statement(s) to explain why?
3. If you answered extremely comfortable above, please add a statement(s) to explain why?
4. If you answered somewhat comfortable or somewhat uncomfortable above, what could the nursing faculty implement to raise your comfort level?
5. If you answered neutral, what prompted you to do so?

Figure 1: Qualtrics Survey Questions.

The survey received approval by the affiliated university IRB (22-E-94). The subjects included associate degree and bachelor's degree nursing students their final semester before graduation. The potential sample size of students was forty-one. Students received a recruitment volunteer consent form through an email requesting participation. The consent form included the explanation, risks (identified as none), benefits (described as contributing to data collection which could decrease healthcare disparities for the LGBTQ population), and assurance of confidentiality. Seventy- five percent of the total, or thirty-one (n=31) students participated. The recruitment email contained the link to the Qualtrics survey, and the students were given three weeks to choose to respond.

Results

Of the thirty-one respondents, three students (0.96%) reported being extremely uncomfortable with introducing themselves with the addition of personal pronouns. Nine students (2.90%) responded they were somewhat uncomfortable, eight (2.58%) were neutral, and eight (2.58%) were somewhat comfortable. Only three respondents (0.96%) described themselves as extremely comfortable with introducing themselves with the inclusion of personal pronouns. Narrative comments revealed the most beneficial feedback (Table 1).

Narrative questions	Selected examples of students' responses
If you answered extremely uncomfortable above, please add a statement(s) to explain why?	"There is no reason to use pronouns, a patient can look at me and see my gender identity". "My patients don't need to know my gender identity... if it is necessary, I would suggest putting it on our name badges". "We live in an area where people are unaccepting. Doing this in a clinical setting would get too much backlash...this area is too judgmental".
If you answered extremely comfortable above, please add a statement(s) to explain why?	"It's no big deal". "It's nothing to get excited about".
If you answered somewhat comfortable or somewhat uncomfortable above, what could the nursing faculty implement to raise your comfort level?	"Practice using personal pronouns earlier in our clinical settings". "If faculty used pronouns themselves, I would feel more at ease, and it would seem more natural". "The lab was good...more activities to role play".
If you answered neutral, what prompted you to do so?	"I'm still not 100% sure we need to do this". *"I'll do whatever makes the patient comfortable". *Three student responses.

Table 1: Qualtrics Survey Narrative Remarks.

Discussion

Based on the results of the study, several recommendations were considered. Students expressed the need for introduction of gender diversity earlier in their curriculum. They also reported that providing consistent gender identity content across the curriculum, as opposed to in just one course at the end, would better support students. In addition to introducing the content earlier, students' expectations were that faculty role model the behaviors they were expecting from students. Having the faculty include personal pronouns in communications with the students through emails or other written communication is one way to demonstrate support of students who are non-binary and support the naturalness of including pronouns in communications in general.

Incorporating resources, such as toolkits and simulation exercises, as aids for the students also supports the evidenced-based aspects of pronoun use in healthcare. Discussing the expectations of the ANA is important in helping the students understand that gender identity is as pertinent as other diverse and cultural minority advocacy by nurses. Development of competencies will ensure that faculty and staff consistently focus on learning that encourages compassionate and knowledgeable care of the LGBTQ+ community.

A small percentage of students in the study expressed feeling that, due to the nursing programs being offered in an Appalachian rural area, gender identity was not relevant to the population of patients. Therefore, another recommendation would be further research to dispel myths regarding diversity of gender identity in the region. Such demographic research will demonstrate to students that assumptions and micro-aggressions by health care professionals contribute to health care disparities. Finally, the faculty's own continuing education needs on this topic should be assessed and supported to further strengthen curriculum content and consistency.

Limitations

Limitations of the study include the inability to generalize findings due to the small sample size in one setting in rural southern Ohio. Additionally, no extraneous demographic data was collected from the students. Therefore, impact of students' age, gender identity, and other demographics could not be considered as contributory to the students' quantitative or qualitative data collection. Finally, the after-only nature of this research does not indicate whether the educational intervention resulted in a change in comfort levels with use of their own personal preferred pronouns.

Future Research

In addition to a larger sample size of students, other considerations for future research were recognized. A pre-survey and post-survey educational intervention design would reflect meaningful changes in comfort with use of preferred personal pronouns related to the educational intervention. A comparison study of the generations of learners may be beneficial in contributing to trends in student responses which reflect student experiences to this point in their lives and education. Surveying the BSN and ADN students separately would take into consideration any education differences in two-year and four-year curricula. Including faculty members in data collection regarding comfort levels could identify potential biases in providing education to the students. Lastly, research to dispel possible errors in the assumption that gender identity is not relevant in the school's rural Appalachian setting could significantly address disparities in health care that may be taking place daily in the area's healthcare settings.

Conclusion

Undergraduate nursing curriculums have a duty to meet with the expectations of the ANA and Health People 2030 goals to decrease disparities in health care services provided to the LGBTQ+ minority populations. Evidenced-based practice should direct pre-licensure nursing programs in their development of gender diversity content to educate students with tools such as simulation, role playing, toolkits and competencies. These educational activities should be introduced early and then reinforced across the curriculum consistently to assist student's self-awareness, comfort level, and understanding of minority care as a priority. Too, should faculty be cognizant of their role modeling behaviors and be educationally well prepared themselves.

Conflict of Interests

The authors have no conflicts of interest to report.

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