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Exploration of Nurses' Knowledge About Healthcare for Transgender Patients

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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The transgender population is growing, and along with the population growth, the healthcare needs for gender transitioning of both medical and surgical procedures. Registered nurses (RNs) who care for hospitalized transgender patients are required to be knowledgeable about their care, yet little is known about what nurses know about the healthcare of the transgender patient. The purpose of this basic qualitative study, guided by Benner's novice to expert theory, was to explore the knowledge and perceptions of RNs regarding healthcare of transgender persons undergoing transition to the opposite gender. Social media and snowball sampling were used to recruit 10 RNs from medical surgical settings in the southwestern United States. Participants were interviewed using semi structured and open-ended questions with interviews continuing until saturation was achieved. Transcribed interview data were analyzed using manual coding following Saldana's method to identify codes, categories, and themes. Two themes were identified: attitude and knowledge. Attitudes were overall positive toward transitioning adults however participant knowledge was limited on specifics related to care of a transitioning adult patient. Social change is possible if nurse educators include programs of study on care of the transitioning transgender population. Recommendations for future research include interventional studies providing education and testing of nurses who care for patients who are undergoing transitioning.

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Dedication

I dedicate this dissertation to my daughter, Kelli, who not only encouraged me through this journey, but provided every way she could to see me through it all. My close friends whose support have meant so much to me. My nurse friends who supported me through, and those nurses I do not know that participated, I am grateful. I hope this dissertation was a benefit to nursing science and to improve healthcare to all vulnerable populations that suffer from healthcare disparities. What nurses learn about this vulnerable population and the healthcare barriers they experience will improve the social injustice that surrounds them and create another promise of nursing care for social justice.

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Chapter 1

Introduction

As the world's social needs change, so must a nurse's knowledge and skill to meet the changing healthcare needs of the people served (American Nurses Association, 2015). One of the social changes includes the growing transgender population, and the many healthcare concerns that may occur with the care of transgender patients. While the literature related to nurses and the lack of cultural knowledge of transgender people are plentiful, there is still a gap in the literature of a nurse's knowledge of the healthcare needs of the transgender population. With a growing transgender population, nurses will need to be competent in meeting the healthcare needs of this vulnerable population, especially concerning gender transitioning process.

Gender affirming surgeries are increasing (Canner et al., 2018), and the estimated transgender population in the United States is about 1 transgender person, for every 250 people, and growing (Meerwijk & Sevelius, 2017). Although the population is growing, not all the transgender people will transition to the opposite gender, for example, some transgenders, such as nonbinary transgender people, do not identify with either male or female, and, many transgenders who identify with a particular gender, may or not be attracted to the same gender they became (American Psychological Association, 2015). In addition, terminology frequently changes; for example, in earlier literature the abbreviation of LGBT was commonly used, while today the abbreviation has grown to LGBTQIA (National Institutes of Health [NIH], 2022).

My qualitative study filled a gap in the literature concerning the healthcare needs of transgender adult persons, and the knowledge of medical surgical nurses in the southwestern United States. The focus in my study specifically inquired about gender transitioning. The positive social change implications of this study provided nursing science with an awareness of the educational needs of the medical surgical nurses and may offer the transgender persons access to quality healthcare. In a small study, Simbar et al. (2018), found that of 90 patients, 30 from each group of no treatment, hormonal treatment, and surgical intervention to change body image, the surgical group had the highest body image satisfaction and better quality of life.

This chapter covers the background, problem statement, purpose of the study, research question, theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and summary

Background of the Study

The background for this study includes nurses' knowledge and perceptions of transgender patient's healthcare needs. While researching nursing knowledge of gender dysphoria and transitioning, most studies concerning the transgender population were based on cultural knowledge. The focus of this study was on the healthcare of the transitioning transgender, and nurses' knowledge. Cultural knowledge is vital, but without healthcare knowledge it leads to insufficiency of care that a transitioning transgender patient requires (Danilo-Fagundes et al., 2019).

An intervention study of fourth year nursing students was completed in Spain to learn which methodology of intervention was significant to improve nursing students'

knowledge of transgender healthcare (Garcia-Acosta et al., 2019). Although the small sample size (n=116), were divided into three groups, one to watch film, one classroom, and the control group with no intervention. All participants had little to no knowledge of transgender healthcare; the findings showed both the film and classroom had significant knowledge increase, and the control group, none (Garcia-Acosta et al., 2019). Carabez et al. (2016) studied 268 practicing nurses in San Francisco hospitals, where nurses were to describe the health care issues of transgender patients, and the study revealed the nurse's discomfort and lack of knowledge of a transgender healthcare issue. A third study, Collins (2020), where 93 pediatric nurse practitioners participated in the study to learn of their perceived knowledge and competence when caring for a transgender youth patient. Eighty-one percent responded that their advance degree did not prepare them sufficiently to care for transgender pediatric patients.

I have found a gap in the literature concerning the transitioning healthcare of the transgender patient. The focus of this study is on adult transgender persons undergoing transition intervention, but I was not able to find any studies directly addressing what medical surgical nurses perceived knowledge in caring for the transitioning patient with gender dysphoria, which is where I have found the gap in the literature. With the transgender population rising and surgical transitioning services increasing every year from 2009-2015 (Lane et al., 2018), the need to study medical and surgical nurses' knowledge concerning the transitioning patient is critical.

Problem Statement

Nurses are responsible for being competent in skills and knowledge, including current medical or social changes as needs require (American Nurses Association, 2015).

The transgender population suffer from healthcare disparities which increases morbidity and mortality (Neira, 2017). Transgender persons are subject to discrimination and violence from society and healthcare providers, which cause a great deal of emotional and mental health distress (Stroumsa et al., 2019). In addition to the mental stress of gender identity, transgenders have reported that it is difficult accessing healthcare with knowledgeable providers (Stroumsa et al., 2019).

Previously, researchers have combined literature of the transgender population within the realm of the LGBT umbrella. The healthcare needs of the transgender are far more complex than the LGB population healthcare need. Because sexual preference and gender dysphoria are two different phenomena (Bidell, 2005), they should be studied separately for a more robust and accurate depiction of the problem. My study is focused on the healthcare of the adult transitioning transgender patient. To my knowledge this is the first qualitative study of medical-surgical nurses' knowledge of a transitioning transgender patient.

Purpose of the Study

The purpose of this basic qualitative study is to explore what medical-surgical nurses know about the transitioning healthcare needs of the transgender person undergoing all levels of transition treatment. The transgender phenomenon can be

confusing, including terminology, and healthcare needs are complex, however, nurses need to be knowledgeable and skilled to give this care.

The concept of gender dysphoria is a fluid phenomenon. Lili Elbe, one of the world's first transgenders who transitioned from male to female, died after her fourth surgery, a uterus transplant, Elbe was born in 1882, and died in 1931 (Worthen, 2019). Although, Elbe's surgery was in Germany, there have been transgender surgeries in the United States, since that time including Christine Jorgenson (Biogrpahy.com, 2020), Chelsea Manning, Chaz Bono, Caitlin Jenner (Whitwood, 2021)

The phenomenon continues, and the transgender population is increasing, as well as the transitioning surgeries (Nolan et al., 2019). The medical care is complex, and many of the treatments are permanent, which requires mental health therapy prior to any decisions for transition. The World Professional Association for Transgender Health (WPATH) set the standard of care for medical and psychological treatments for the transgender patient (Rivera, 2019). The health disparities of the transgender are many, and a nurse's knowledge of the healthcare is only one of the barriers, so this qualitative study adds information to nursing science and may help to lessen the health disparities experienced by transgender persons when accessing healthcare (Mikovits, 2022).

Research Question

What knowledge or perceptions do medical-surgical nurses have concerning the healthcare needs of adult transitioning transgender individuals in the southwestern United States?

Theoretical Framework

This study will be guided by Benner's framework. The framework consists of five stages that nurses may progress through beginning with, novice, advanced beginner, competent, proficient, and expert (Benner, 2005). Stages are relational to performance and the use of clinical judgement in patient care. Benner (2005) found it was necessary to change nurse education to improve the knowledge and ethical behavior of nurses, including advances in cognitive knowledge stressing critical thinking and clinical reasoning together (Benner, 2015). This would help give the nurses the ability to form clinical reasoning and judgement and thereby progress through the stages of learning. Benner's framework is based upon situations, whereby knowledge and clinical experience of a particular situation increases that nurse's stage. For example, the skill level of a nurse with minimal exposure to transgender patients would be at a novice level and would progress through each stage with more knowledge and clinical skills learned, until the expert stage is met.

Benner's theory is relevant to my study and research question because knowledge and skill of medical surgical nurse's experiences with transitioning transgender patients revealed the outcome of the study results. Not one of the participants had experiences with transitioning healthcare, therefore every participant is below the novice level of Benner's theory. Had any of the participants had transitioning education and clinical practice together, the skill level for each situation would increase to the next stage.

Nature of the Study

I used a basic qualitative inquiry with a descriptive design. I interviewed acute care RNs who work on medical surgical units and asked specific questions to explore their knowledge and perceptions concerning the medical and surgical transition of adult transgender individuals that present for treatment. I recorded the interviews and made notations of my impressions as I listened to the participants voices, taking note of hesitancy and tone of voice. Where replies were not exactly an answer to the question, I restated the question or asked sub questions where needed, to gain clarity and accuracy of the participants response.

I then read the transcripts carefully three times and highlighted the patterns found, then sorted the codes into categories. I ended with 9 categories which derived into two themes. I had planned to utilize NVivo software to help, however the data was small set and I found it easier to manually code and analyze the data myself. To reduce any bias in my analysis, I had a second person review my list of codes to reduce any bias that may have seeped into my analysis. Saldana (2021) advised the use of triangulation to reduce bias in analysis of a qualitative study as this improves trustworthiness of a study.

Definitions

The following are terms used in association within the transgender community and transgender medical care.

Gender affirming surgery (GAS): Sexual reassignment surgery or gender conforming surgery (National LGBT Health Education Center, 2017).

Gender dysphoria: According to the Diagnosis and Statistical Manual of Mental Disorders (DSM-5) gender dysphoria is when a person's gender identity causes conflict and distress because their it does not align with the biological sex (National LGBT Health Education Center, 2017).

LGBTQIA+: Lesbian, gay, bisexual, transgender, queer, intersex, and asexual. The plus symbol expands the additional terms used for genderfluid, nonbinary, two spirit and more. *(*National Institute of Health, 2022).

Nonbinary: A person whose gender identity falls outside the traditional gender binary structure, not male, not female (National LGBT Health Education Center, 2017)

Transgender: Umbrella term when a person's biological gender, is different from a person's gender identity (National LGBT Health Education Center, 2017).

Transition: When a transgender person chooses medical intervention to align their gender identity with their gender expression (National LGBT Health Education Center, 2017).

Assumptions

Qualitative inquiries contain assumptions or suppositions (Pinder, 2020). My first assumption was that the nurses would speak freely and truthfully. To assist in my goal that the nurses be truthful with responses, I assured the participant prior to the inquiry that all identifying information would remain anonymous. I also introduced myself as a nurse and this study was part of my PhD program. I believe these assurances allowed the participant to speak openly and honestly about the perceived knowledge of transitioning patients (Surmiak, 2019). This also improves trustworthiness in my study.

My second assumption is that my bias may have surfaced during the interview, however, after immersing myself in each transcript, and listening to the recordings, I did not hear or see a bias and instead encouraged the participant to answer authentically as this study is about the needs in nursing and not a test of them, but rather, answers to a collective group of RNs replying to the questions.

My third assumption was that the participants will know the definition of transgender. Only one participant asked if gay and transgender were the same, and I assured the participant that being transgender meant a question of gender identity, not sexual preference.

Scope and Delimitations

A simple qualitative inquiry of medical surgical nurses' knowledge and perceptions of transgender healthcare needs during transition is intended to ultimately reduce the barriers to healthcare for the transgender population (Safer et al., 2016) and make known any educational needs medical surgical nurses need to fulfill those needs (Carabez et al., 2016). The scope of this study is limited to licensed registered nurses employed on a medical surgical unit in a hospital in southwestern United States. The nurses must understand and speak English. The scope of this study is focused on gender transitioning medical and surgical services and not concerned with cultural knowledge nor pediatric gender identity. The transgender population is scarce in some areas of the United States, such as Iowa, Utah, and North Dakota, but saturated in other areas, such as Hawaii, New Mexico, and, California, which have the highest percentage of transgender people (World Population Review, 2022). More transgender people in an area means

there is a greater chance nurses will be more socially aware. According to Dirks (2016), the size of a transgender population matters, as more legislation will occur. With increased population social opinions change because there is a greater chance that a nurse will know of a transgender family member, friend, or acquaintance. In my study only one participant knew a transgender person, but the participant denied learning transitioning information from that person.

Transgender people range in age from pediatric to adulthood; however, this study is limited to knowledge of adult transitioning transgender patients, not children. I am aware of my own bias regarding the transgender population, as my personal opinion differs from my professional opinion on the matter. Nurses are legally and morally bound to give quality care to every patient regardless of our personal views (American Nurses Association, 2015). The scope of this study did not include the psychological component of transgender mental health and could be addressed in a future study. My plan was to interview as many medical surgical registered nurses who worked in hospitals in the southwestern United States until I reached saturation. I anticipated approximately 10-20 interviews (Vasileiou et al., 2018). Saturation was reached at 10 participants.

Limitations

The limitations of this study were recruitment of a larger geographic area of medical surgical registered nurses. Only two participants from social media responded, but without follow-through. Only one participant was from Arizona, all others were California RNs who committed to the entire interview.

This qualitative interview involved purposeful sampling of 10 participants before reaching saturation. An additional limitation was that all interviews were conducted by telephone, with consent and demographic forms via email. This limited my ability to document body language, however, I paid close attention and analyzed tone of voice, hesitation, and other nonvisual cues for field notes. Body language could have enriched the data and improved trustworthiness.

Significance of the Study

The contribution to the nursing field can open awareness of the level of knowledge the nurses have regarding healthcare needs of the transitioning transgender patient. My results showed that education is needed by every participant. Hopefully the results of this study will bring an awareness of these needs to nursing educators both in nursing schools and hospitals, and educational programs of transitioning transgenders will be implemented, as evidence of transgender population and transition surgeries are on the rise (Canner et al., 2018)

This study is important also that nurses may not be aware that they hold a bias or prejudice against transitioning, as this study may bring awareness to nurses' attitudes in caring for the transitioning patient. The results of the attitude of the participants showed overwhelming support for the adult transitioning transgender, and my hope is that the nurses will see deep into the transgender person's struggle, rather than the right or wrong of this nuance. This study could not only enrich the transgender population's quality of life (Sedlak et al., 2016), but to bring an awareness of what knowledge may be lacking (Carabez, 2016), and what an opportunity the nurse has to make a difference in a

transgender person's life, and also contribute to nursing science, as the results of this study may reduce morbidity and mortality of the transgender population (Sedlak et al., 2016)

Summary

Cultural knowledge in nurses is lacking according to many studies, however, studies on the healthcare of the transitioning transgender are scarce. Only one study in the United States on adult healthcare knowledge has been published, and one study in Spain was published on nurse's knowledge of healthcare of the transgender population (Carabez et al., 2016; Garcia-Acosta et al., 2019). No study was found regarding medical-surgical nurses in the southwestern United States, of knowledge of healthcare of the transitioning transgender population. It has been revealed in studies that the perception of many transgender patients undergoing transition feel discriminated against (Rivera, 2019), and that transgender people believe providers lack knowledge about the transgender healthcare (Mikovits, 2022).

Using Benner's theory on how nurses learn will guide this study. Benner's theory states that nurses learn with theory and clinical practice together. Learning in this way gives the nurse clinical reasoning skills. Once a nurse has gained clinical reasoning skills, it will lead to critical thinking. Once a nurse gains both clinical reasoning and critical thinking, those skills will give a nurse clinical judgement needed to care for their patients.

By utilizing descriptive qualitative methodology, examining the data, coding, and analyzing the data, themes emerged from the categories. The themes, attitude and

knowledge revealed that not all but two participants have a favorable response to adult transitioning, and the knowledge themes revealed that all 10 participants had no education on healthcare of the transgender patient. Chapter 2 includes additional information on Benner's theory and a synthesis of literature for fullness of discourse.

Chapter 2: Literature Review

Introduction

Approximately 1.4 million adults identify as transgender in the United States, and the state of California hosts 0.76% of the total California population of 39.51 million, ranking second to Hawaii (Flores et al., 2016). With the large transgender population, healthcare services must provide care for transgender patients when they are ill or require transitioning services. However, the primary healthcare provider in the acute care settings are nurses and studies have shown that registered nurses have a knowledge deficit regarding the care of transgender patients (Carabez et al., 2016; Carabez & Scott, 2016; Strong & Folse, 2015). Little is known from the nurse's perspective about the experiences of registered nurses in acute care hospitals in their delivery of care to the transgender patient. The purpose of this study is to understand the experiences and perceptions of registered nurses in acute care settings regarding their care for the transitioning transgender population.

Chapter 2 will cover the literature search strategy used, the conceptual or theoretical framework used to guide the study, the key concepts/variables studied, and a summary of the chapter.

Literature Search Strategy

The databases used to conduct the literature review were: CINAHL plus with full text, CINAHL & Medline, PsycINFO, SocINDEX, Medline with full text, ProQuest, Nursing & Allied Health Database and LGBTQ + Source. The literature search was completed using the following terms: transgender and adults, nursing, transgender and

nursing knowledge, nursing, and knowledge, attitudes, and transgender, transgender and nurse and attitude, nursing knowledge, transgender and healthcare needs, nursing and transgender healthcare, nurses and learning with 768 results initially identified. I deleted any pediatric studies and narrowed my search to only transgender adults, however, even with transgender parameter, LGBT surfaced. Because there are few transgender studies, most transgender data are newer studies emerging from late 2020 and 2021, I have maintained some LGBT literature.

Theoretical Foundation

The theory selected to guide my study is that of Benner's novice to expert. Benner is a practicing nurse educator in San Francisco, California and is known around the world for her research and public speaking on healthcare in clinical practice and ethics (Petiprin, 2020). Benner's theory explains how nurses gain nursing knowledge. Patricia Benner advanced the theory created by the Dreyfus brothers who examined how military pilots and chess players learned their skill through stages (Benner et al., 2009). Benner's work used the concept of stages of learning to develop her theory of how nurses gain knowledge and skills through their experiences while caring for patients (Benner et al., 2009). Benner's work was furthered by her clarification of how the level of a nurse's experience combined with her knowledge and the current situation in which the nurse worked brought expertise to problem solving of clinical situations. Benner showed that it is not only knowledge that results in the skill, but combined knowledge with experiences that leads a nurse through the stages of skill. Benner's theory guided my study because it is a theory of how nurses learn, thus, with inquiry of the nurse's knowledge and

perceptions of transgender healthcare during the transition process, the participants revealed they had no education or knowledge of the healthcare needs of this vulnerable population. The participant nurses have had no experiences caring for a transgender in transition, so they would be considered Benner's theory lowest level of knowledge. Benner's lowest level of knowledge is novice. Novice level is considered what a nurse has learned in nursing school, and yet every participant had no formal training at all.

With every theory and situational training practice of healthcare for transgender patients, the nurse will improve to higher levels of learning up to expert. One problem I see in a nurse gaining experience with theory, is that the literature has shown transgenders fail to access healthcare. This may be remedied with simulation practice to complete the learning experience.

Benner's framework consists of five stages that nurses may progress though beginning with novice, advanced beginner, competent, proficient, and finally reaching the level of expert. Student nurses, new graduate nurses, competent, proficient, and expert nurses (Benner et al., 2009).

Stage 1, novice, where a student nurse has inadequate skills to identify certain symptoms a patient displays; A novice, or nurse with no experience in transgender healthcare, may have heard the term gender dysphoria, but have no idea what the term means. Student nurses have to a lot to absorb through the nursing program, so the student nurses rely upon the more experienced nurses and educators to teach the student what is important to grasp from a situation.

Stage 2 is the advanced beginner, a new graduate nurse in their first job, has had limited experiences, but is capable to recognize some clinical situations. The advanced beginner may have learned in school about gender dysphoria, and, could possibly have observed the preceptor admit a transgender patient to the medical surgical floor as a pre-operative patient, giving the new nurse an idea that this population has medical needs. A new nursing graduate who enters their first job in a hospital is usually mentored by a more experienced nurse.

Stage 3 includes competent nurses have gained experience and can recognize more clinical situation than Stage 2. The nurse who experienced her preceptor admit a pre op transgender, recollects the situation and can emulate the experience, and pass competency skills in the patient's care. Competent nurses are those nurses off probation and have experiences and skills to apply to future patient encounters. They may need to seek advice or have questions for their mentor, however, are independent in-patient care.

Stage 4 are proficient nurses who can recognize a situation in its entirety and can respond to the situation naturally. A proficient nurse in transgender healthcare would feel confident in the situation before them, having had experiences as a competent nurse, will apply the skills necessary with confidence. Proficient nurses have gained competence, and confidence in their ability for whatever situations come before them.

Finally, Stage 5 expert nurses recognize what needs to be done in most situations, and, they have an intuition combined with their knowledge and experiences, are capable of prioritizing. The expert bedside nurse has had multiple experiences in transgender healthcare and had simulation classes to experience most of the procedures and

understands what to expect in complications and patient needs are anticipated before the patient needs to ask. The expert nurse holds that gut level automation and confidence in patient care, a sensing of sort that they just know. Many times, you may find this level of nursing at the bedside, educator, or administration.

I found no studies were that used Benner's theory of nurses lacking knowledge about healthcare of transgender patients. I found one study that applied Benner's theory to faculty teaching sexual education to nurses (Benton, 2020), however, one study that examined transgender healthcare by nurses (Carabez, et al., 2016) asked one question of the participants. I found another study using a quantitative method, to see if nursing faculty's experience made a difference in teaching BSN nursing students, utilizing Benner's theory (Moore, 2021).

Educators teach all stages of nurses, whether it is in a nursing program to teach students, guide a new graduate on the hospital floor, or teach any nurses about a new topic, such as the emerging transgender population and their specific healthcare needs. This framework will help explain how nurses learn and may also explain why there is a knowledge deficit among nurses, regarding healthcare for transgender patients.

I chose this theoretical framework to guide my study because it may explain what level of knowledge my participants at, and nurse educators may use these levels to develop educational programs for nurses at any level revealed in the study. This study may facilitate transgender education in healthcare and reduce the knowledge deficit at whatever level the study reveals. Benner's theory is relevant and will guide my study.

Key Variables or Concepts

The key variables for this study include LGBT and healthcare, transgender and healthcare, nurse's knowledge and transgender, nurses, and learning, as these were the primary search terms I used for this study. During my search I identified additional variables of interest through articles from the literature review. These include qualitative studies on LGBT and nurse educators, faculty knowledge, nurses' attitude and transgender, transgender healthcare experiences and disparity of healthcare for transgender and LGBT. For the purposes of this paper, the term transgender is inclusive of all transgender people, including non-binary, and non- conforming.

The State of California (2021) oversees more than 450,000 active and licensed registered nurses in California, and all have a legal and ethical duty to be competent in the care of their patients, including staying current with the changing needs in society (Strong, M., 2016), and yet, many studies have shown that nurses lack knowledge in healthcare of LGB and transgender patients (Carabez, et al., 2016; Hallman & Duhamel, 2016).

Nurse's Knowledge About Transgender Care

Carabez et al. (2016) conducted a qualitative study with 268 clinical nurses in San Francisco, California a first of its kind to study patient care of transgender persons. This study revealed that not only did nurses lack healthcare knowledge of transgenders, and over 50% of the respondents reported a discomfort around transgender people, due to confusion and lack of understanding of what transgender means. The nurses' responses to the questions were overall, derogatory, convoluted, and cynical. It is surprising that

nurses who work in a geographical area where a large population of LGBT people live, that many respondents had no interactions with transgender persons, and that many supposed or were uncertain at what transgender healthcare needs were. In Ontario, Canada, a small qualitative study with six nurse participants, was conducted to explore registered nurses' role in the care given to transgender individuals, and the study concluded that there was a shortage of qualified transgender care, and a lack of practitioner knowledge (Ziegler, 2020).

Literature for transgender healthcare is scarce, however more literature is being developed (Garcia-Acosta et al., 2019). A lack of nursing knowledge contributes to the barriers of care for transgenders (Castleberry, 2018). Transgender patients presenting for treatment frequently enter via the emergency room for complications to transition procedures or other medical problems such as fractures, sexually transmitted disease, or other illness', many nurses have no education on care of the transitioning transgender person (Davis et al., 2021). One example of lack of nursing knowledge was when a transgender person who had undergone gender reassignment surgery procedure, came into the emergency room with vaginal bleeding, and not one healthcare professional knew what to do for the patient, until the patient was transferred to a doctor knowledgeable with transgender procedures (Kroning & Kroning, 2017).

Nurses need to have competency in caring for the transgender patient, although transgender care will require a multidisciplinary approach, studies have shown doctors, pharmacist, mental health nurses, and radiology nurses, lack knowledge as well (Riggs & Bartholomaeus, 2016; White & Fontenot, 2019; Hana et al., 2021). Studies, until

recently, were conducted within the LGBT umbrella, and because transgenderism is a different phenomenon (Bidell, 2005), and transgenders healthcare needs are complex, studies for transgender healthcare should be separate and distinct from the LGB population.

Nurses' Knowledge of LGBT Care

Because the LGBT population suffers from health disparities, some researchers attribute to one of the causes of those who lack access to health care, is lack of knowledge of the healthcare providers (Traister, 2020). It has been shown that nurses who participated in pre and postinterventional studies of knowledge of LGBT persons improved knowledge following the educational intervention, in fact, a study completed in San Francisco, CA, where a large number of LGBT people reside, had shown 40% of 112 registered nurses in a program for a master's in nursing, improved 74%, after two hours of education on LGBT cultural education (Carabez, et al., 2015). Cultural competence and healthcare competence are two different educational points. Many of the studies researched measure cultural competence, and some have combined the two concepts.

Wyckoff (2019) defined cultural competence as what nurses accommodate into the healthcare practice, and Yu et al. (2021) defined cultural competence as a healthcare worker giving unbiased quality care, using a keen awareness when offering their knowledge and skill to a diverse patient. The knowledge and skill may be nurse related, or legally related, such as advance directives in healthcare, many nurses are not aware of the legal rights of the LGBT community when it concerns, power of attorney for healthcare and the rights of a significant other to speak for the patient who is unable to

make healthcare decisions such as end of life issues (Carabez & Scott, 2016). End of life issues may increase as time goes by, Caceres (2019) predicted the geriatric population of the LGBT community to increase to 3.4 million by the year 2030, and fear of disclosing sexual or gender identity, can affect the plan of care and proper diagnosis, therefore, nurses must become educated and be ready to give nonbiased quality care to the geriatric LGBT community. The same may be said for obstetrical (OB) nursing, many in the LGBT community are having children, many times OB patients are placed on medical surgical units for overflow or other reasons, all nurses need to understand what needs the OB and gynecological patients' needs are, especially the transgender patient and their significant other or spouse, who may or may not have gone through sexual reassignment surgery (Echezona-Johnson, 2017). Many nurses are not being taught the knowledge and skills necessary to competently care for the transgender patients because the nurse educators also have lack of knowledge. Strong and Folse (2015), wrote that lack of knowledge among health care practitioners is one reason for an LGBT's barrier to access healthcare.

Nurse educators' Knowledge of Transgender Healthcare

The world dynamics are changing rapidly, with the population of transgenders growing, nurse educators are responsible to revise nursing curriculum as changes in social issues and healthcare needs transpire (Lim et al. 2015). Here we are discussing both hospital clinical educators and university nursing school educators, both have a duty to teach nurses to become competent in the care they give, therefore, nursing educators must be effective teachers to all levels of nurses. Once again, the LGB and transgender

are combined in the literature and studies. National Organization of Nurse Practitioner Faculty (2019) wrote that sexuality and gender identity are two different phenomena, and yet the studies and literature continue to be grouped together when they are vastly different. Some of the literature focus the reason faculty are not prepared for teaching LGBT curricula, is that homophobia of the educators, prevents adding LGBT content to the nursing curriculum (Aslan et al. 2019). I disagree, homophobia is a social term used to describe one who is against homosexuality, transgenders are not all gay, and all healthcare practitioners, are all trained in established science, and practice on evidence-based medicine, which is based upon established science, to practice anything else can involve a lawsuit. Sedlak et al., (2016) wrote that there is a need for transgender education for healthcare providers, but the education needs to be evidenced based. Therefore, when a researcher suggests doctors hold a bias against transgender persons (Dickey, 2017), I believe bias do exist, but in combination of lack of knowledge on the part of the providers. This is not to say some people are not prejudiced against transgender persons, but for the most part, as a nurse, most nurses will give patient care with moral and ethical value if they separate their professional view and personal views.

When asking the question' are faculty prepared to teach nurses about LGBT culture competency and healthcare', the answer is "no" (Hodges, 2020). Exactly what percentage of the 12 questions in the survey to 28 respondents were attributed to transgender healthcare? The answer to this question is unknown, however, what is known, is that up to 40% of the participants, (less than 12 respondents) were unprepared to teach LGBT content to associate level nursing students (Hodges, 2020). A very small

sample size limits the generalizability of results, and once again, the studies are all inclusive or lesbian, gay, bisexual, and transgender, and there is no way to know from the study results, exactly what percentage of this pertained to the transgender individual, but since there is no study pertaining to only a transgender, the all-inclusive study is what is available.

Bringing in established science is the best way to educate healthcare practitioners, and educators, but until that is established, teaching what is known thus far should be taught, and not only about culture and lifestyle, but transitional patient and all that is involved with the practice. How to interpret laboratory results depending upon stage of transition, pharmacology may add hormones to the list, surgery stages, and high-risk disease to monitor for. Transgenderism is another dimension of our society, and respecting one another appears in our attitude toward one another, understanding and knowledge can bring about understanding.

Healthcare practitioner attitude toward transgender

To reiterate that transgender term incorporates transgender, non-conforming, non-binary, genderqueer, genderfluid, and may be more, as terms continually change with this phenomenon, and further, the studies conducted are for the most part, included under the LGBT umbrella. Kanamori & Cornelius-White (2016), in reviewing the literature of healthcare practitioners' attitude toward transgender, noted that gender identity and sexual preference are better studied separately, and so, a study to measure 243 healthcare practitioners of transgender individuals was completed. The study overall showed the participants held positive attitudes about transgender individuals, for all three research

questions, comfort, beliefs, and human value (Kanamori & Cornelius-White, 2016). In a very small study (n=8), attitude of the healthcare providers improved 22% after the educational intervention, knowledge improved 16%, however, the instrument used in this study was an LGBT instrument, and not measuring transgender as in the previous study. Strong & Folse (2017) conducted a study of nursing students, (unlike healthcare practitioners in the above studies), about LGBT individuals. In the study a brief educational session was given to the students, and the findings reported were attitude improved along with the knowledge. One last study, again measuring nurse's knowledge and attitude of LGBT patients, this time a large study of 824 nurses from three regions of Italy, results from a before and after intervention, attitude was positive, but overall, the knowledge was inadequate (Della Pelle et al., 2018). Some of the studies report that healthcare barriers for LGBT are due to the knowledge and attitude of healthcare providers, yet the above studies demonstrated that attitude of healthcare professionals overall were positive.

Transgender attitude toward nurses

Research has shown transgender individuals suffer many mental health issues due to discrimination, bullying, and other harmful behavior from others. The nurse-patient relationship is so important in healthcare as it promotes a trust and allows for better patient outcomes. Nursing is bound by a code of ethics (American Nurses Association, 2015), and are supposed to be patient advocates. That being said there are many different personalities in nurses, many levels of experience, and in the United States, there are many cultures practicing nursing, in California, over 40% of registered nurses are

Filipino (Spetz et al., 2017) In a phenomelogical study conducted by Rivera (2019), to explore a transgenders patient experiences with nursing, while going through transition procedures for at least one year, findings revealed that the transgender strongly felt discriminated against and objectified, and may assumptions were made about the transgender which made the transgender feel frustrated to clarify the assumption, marginalized, and poor communication and lack of knowledge and training. These perceptions of the transgender may be accurate, or perhaps they may be anxious because of going through the transition could be defensive, where a patient not undertaking such a permanent life changing surgery may not be so defensive and sensitive. In addition, where it is clearly noted that nurses lack training in transgender healthcare, asking the patient for clarity, which is important with all patients, including surgical patients, where nurses must double check all orders, names, and operations to be conducted. Mikovits, (2022) is yet a current study of transgender perceptions of a nurse knowledge and found once again in this study that nurses lack the knowledge and skill to care for their complex healthcare needs. This however is a lay person's perceptions and shows that they feel the healthcare needs are not being met, which leads to the lack of knowledge not being given. In my study, asking nurses what they know, I believe is a more complete study because nurses should know what their nursing license expects, lay persons will know only what they think is lacking. For example, it could be a lay person does not understand that something the nurse does not know, is not within the legal limitations of a nurse's license, and perhaps that of the mental health doctor or surgeon. By asking both the

patient and the nurse what their perceptions are will give a better overall view of the problem and can be answered in more research.

Communication can be a difficult skill to gain, especially with a population whose needs are complex, and a topic that involves sensitivity, where certain cultures or environmental factors could make that communication near impossible. Healthcare practitioners are educated and trained, not all people in the general public have good communication skills, and going through illness and injuries, can cause deterioration of communicating skills, therefore, nurses must learn, there is a constant anxiety in transgender individuals, who spend much of their social life being victimized. When a person feels victimized, it can lead to a defensive attitude, and nurses, should not take it too personally. The literature makes clear that transgenders anxiety makes sensitivity issues a problem in communication with a patient. Lindroth (2016) conducted a study of transgender experiences with healthcare providers and found that the transgender participants felt the provider lacked competence. Further research with transgenders and education for nurses in communicating with a transgender patient may be warranted.

Summary and Conclusion

The Williams Institute (2016) estimated 1.4 million individuals identify as transgender in the United States, and 0.76% of 39.5 million residents, live in California. Canner et al., (2018) conducted a study that revealed a rise in gender reassignment surgery. With the growth in the transgender population nurses and nurse educators are needed to assure quality nursing care is available to serve the population when they are admitted to healthcare settings. Yet nurses often lack cultural and healthcare knowledge

for caring for transgender individuals. This lack of knowledge is one cause of the disparity of healthcare for the transgender population (Knauff et al., 2021). Studies of transgender individuals found that transgenders overall feel discriminated against and reported that their health practitioners do not understand the needs of the transgender population (Lindroth, 2016; Rivera, 2019; Cicero et al., 2019; Teti et al., 2021). As shown above, nurses lack knowledge of transgender healthcare, so when nurses lack knowledge, Benner's theory demonstrates how nurses learn, and the stages of learning will guide this study to show what level of knowledge medical surgical nurses have regarding the transitional healthcare of transgender patients.

Dr. Benner's theory of how nurses gain knowledge, was modeled after The Dreyfus Brothers acquisition of skill. Nurses learn experientially, and gain knowledge in stages over time. Benner's theory has five stages: novice, advanced beginner, competent, proficient, and expert. These levels of skill acquisition may change depending upon a nurse's knowledge of a certain area. For example, a proficient nurse in orthopedic care, who had none or little training in transgender care, would not remain at a proficient level for transgender healthcare. Transgender healthcare is very complex and requires special teaching to help transgender individuals receive competent care.

Benner wrote that traditional pedagogy methods of teaching nurses must change due to the complex patient care in hospitals today (Benner et al., 2009). Benner recommended theory and clinical practice when integrated would give the nurse the most meaningful training, so the nurse would be able to apply the theory to clinical practice and learn clinical reasoning and make good clinical judgements for better patient

outcomes, and at the same time would gain confidence as the nurse developed the skills, would eventually become expert in transgender care. It has become more difficult for educators to obtain placement for clinical practice for nurses, and some educators have turned to high fidelity simulation for clinical practice alternative. The literature overall for transgender healthcare is scarce, however, one pilot study utilizing simulation to teach transgender care was completed with positive results (Hickerson et al., 2018). Simulation in other literature was favored to develop clinical reasoning and judgment in nurses (Reid, C. et al., 2020). This seems to be favorable pathway to integrate theory and clinical practice for the complex patient care facing nurses today. There is a gap in the literature over the nurse's lack of knowledge of transgender healthcare. This qualitative study to learn a nurse's perceptions and experiences of healthcare for the transgender patient should contribute to the nursing science.

The qualitative interviews that were conducted from nurses who work in acute care hospitals will measure the knowledge and perceptions they have regarding the healthcare needs and what their perception of their skills are to competently care for those needs. Further, this qualitative study will focus on the transgender only, not LGBT, as most other studies have done, because, transgender healthcare is very complex, and beyond the knowledge needed for LGB population. Transgender healthcare is complex, and nurses need to understand what specific needs their patients have, (Paradiso & Lally, 2018) wrote that transgender people need psychological management along with their medical and surgical care, to improve health disparities and must further explore the nurse's perceptions and knowledge of the transgender, as my study has done.

Chapter 3: Research Method

The purpose of this qualitative inquiry was to explore the perceptions and knowledge of medical surgical registered nurses in southwestern part of the United States concerning the healthcare of the adult transitioning transgender patient. In Chapter 3 I will discuss my role as the researcher, research design and reasoning, as well the methodology, including recruitment and selection criteria, data collection, instrumentation, and data analysis. This chapter will also include a discussion on the trustworthiness and credibility, dependability, confirmability, and ethical considerations.

Research Design and Rationale

The central concept of this study is what medical surgical registered nurses know about the transitioning healthcare of the transgender patient. The phenomenon of transgenderism is a complex one, and the literature concerning the healthcare needs of the transgender patient is just beginning to be studied. This study's focus is on the adult transitioning healthcare needs, not on the cultural knowledge, which has been studied and published (Carabez, et al., 2015; Strong & Folse, 2015). The gap in the literature is on transgender healthcare, particularly, the transitioning healthcare needs, and the medical surgical RN's knowledge of those needs. A basic exploratory approach will be used to acquire a deep insight into the participants' experiences to produce authentic data (Tenny et al., 2021).

This study included interviews with nurse participants concerning the adult transitioning healthcare needs of the transgender population. Use of open-ended questions from a semi structured interview guide will give the participants freedom to

speak about their knowledge and perceptions of this phenomenon, which should provide new evidence to contribute to the literature.

This qualitative method allowed the inquiry of the participant's knowledge and perceptions to aid in the understanding of the needs of medical surgical nurses to prepare them to care for transitioning transgender patients' admissions. A basic qualitative inquiry is my chosen method. I utilized a semi-structured interview guide (See Appendix A), which I developed under the guidance of my doctoral committee and using the literature and theoretical framework selected for the study. I chose this method over other qualitative methods because it is a method that provides detailed and rich data concerning a sensitive topic (Inch, 2016).

This exploratory method is feasible in that it requires one interview to gather rich data from the participants. A basic qualitative inquiry is unlike other methods such as phenomenology, which may require multiple interviews to achieve that lived experience, and a focus study, would not quite suit this study, as this topic is a sensitive and controversial, which require private interviews. Case study cannot work in this study because it is not about one person or thing, it is about many, an entire transitioning vulnerable population. An ethnographic study is not suitable for this study either, the phenomenon in this study is not about culture, but of the nurse's knowledge. Grounded theory is inductive by nature, and because the literature of the transgender healthcare is scarce, there is not enough literature to draw from. A basic qualitative inquiry is needed to provide data that other researchers may expand upon. This study is also feasible, as interviews can be accomplished by telephone (Frey, 2018). This study is a justifiable

study, because of its significance to the nursing field, and could improve the healthcare of this vulnerable population (Garcia-Acosta et al., 2019). This study is grounded in the nursing field, because up until recently, studies and literature that have been published, were studied under the LGBT umbrella (Hagwe, 2018). Those persons who identify as transgender, may or may not live a gay lifestyle, and further, what has been studied concerns the culture of the LGBT community. The transgender healthcare needs are more complex than the LGB community healthcare, and transgenderism is a different phenomenon than LGB, and ought to be studied apart from LGB population (Bidell, 2005).

Role of the Researcher

A qualitative study requires the researcher to first maintain integrity, which includes ethical care of the participants, and the data collections and safekeeping that will lead to a positive outcome of the study (Hadi & Jose, 2016). The researcher has a responsibility to maintain the rigor of the study, protecting the participants identity and protecting the data through collections and analysis (Hadi & Jose, 2016). In addition to protecting the data through analysis, Morse, and Coulehan (2014) stressed that protecting the data through the entire process, including disseminating the results of the study and publication, is critical to contribute to trustworthiness of the study.

Qualitative research requires holding to rigorous guidelines to keep the integrity of the data intact (Campbell & Spelten, 2020). Ethical issues did not arise at any point in the project, and I was constantly aware of any bias of myself or participants. Only two

participants expressed cultural and religious statements regarding the attitude of the participants.

Every question in the instrument was carefully crafted in an unbiased fashion, as to not influence the participants replies. I was readily able to address any ethical problem that may have surfaced. The entire process followed an ethical process, such as to do unto others, as I treated the participants respectfully, and, unrestrictive autonomy of the participant, without, repercussion (Reid, A.M. et al., 2018**).**

Methodology

This descriptive qualitative interview that inquiries about another, such as nurses' knowledge and perceptions of transgender healthcare, will hopefully be truthful and candid, as nurses may have strong political religious, or other biased opinions of such a controversial social topic.

Participant Selection

Participants that qualify for the study are registered nurses working in acute care, currently working on a medical surgical unit in one of the local hospitals in southwestern, US, that speaks and understands English, because I do not speak or understand any other language fluent enough to do a thorough interview. There are no exclusions based upon degree type, age of nurse, or work longevity as a nurse, since Benner's theory is based upon situational experiences to gain knowledge, and the transgender population is continually increasing, all nurses regardless of years as a nurse or degree type should have equal opportunities to have had the opportunity to either have cared for a

transitioning transgender, or have had classes in simulation and theory, regardless of the degree type.

Recruitment

There are many challenges to recruitment for a study (Archibald & Munce, 2015). My recruitment involved any medical surgical employed nurse in an acute care hospital in in the southwestern United States, if a nurse personally knows a transgender person either, friend or family, will be asked to disclose this information on the demographic form after the participant agrees to participate. My preferred method of recruitment is snowballing, where nurses in my personal network of friends, handed out invitational flyers with my contact information (See exhibit E), to any coworkers or friends who are interested in participating in my study. I also used social media to post an invitational flyer in some nurse groups on Facebook. Two participants expressed interest, however, there was no follow-through. Saturation was reached at 10 participants.

Data Collection

Semi structured interviews were used to explore the registered nurses' knowledge and perceptions about adult transitioning transgender healthcare. Once qualified participants responded, and consent and demographic forms received via email, arrangements for telephone interviews were made. The open-ended interview questions are relevant and focused upon the research question and phenomenon. I will allow for additional dialogue and questions that pertains specifically to the transitioning transgender's healthcare needs, avoiding cultural dialogue. The gap in the literature is in healthcare of the transitioning transgender nursing care. The interviews were audio

recorded and observation of tone of voice, hesitancy, and any non-verbal information I could add to check accuracy of the transcripts.

Instrumentation

The instrument in a qualitative study is very important, since the researcher is part of the instrumentation along with the list of questions for the interview (Applied Doctoral Experience, 2021). I created my list of questions and interview guide (See Appendix A), demographic form with preliminary information, such as, age, gender, years as a nurse working in a medical surgical unit of a hospital in the southwestern United States. I also created a documentation log for field note taking during the interview. After verifying the participants qualifications for the study, I emailed an informed consent and demographic form to be filled out, signed, and returned. I have a unique opportunity to delve deep into the thoughts of the participants, asking specific questions that answered the research question gave rich data, which improved the data collection (Bahrami et al., 2016). I have found only one transgender study regarding a nurse's knowledge of transgender healthcare and that study is, Carabez et al. (2016), and this study asks only one question. I asked 10 specific open-ended questions. I expected the interviews to be approximately 30-60 minutes, in actuality, the interviews lasted from 27 minutes to 45 minutes.

Procedures for Recruitment, Participation, and Data Collection

Walden University IRB approval was given prior to recruitment, participation, and data collection. I began by posting flyers on Facebook nursing group sites and using snowball procedure by passing invitational flyers to my personal network of friends, who then passed the flyers that had my contact information on the flyer to their friends

interested in participating in the study. Initially I anticipated 10-20 participants were needed (Vasileiou et al., 2018), however, saturation was reached at 10 participants.

Participants emailed or texted me their interest, and I emailed the consent and demographic form, with instruction to return to me via email before we began the interviews. I used a digital audio recorder to tape the interview and transcribed the audio to text by purchasing an application called "Transcribe", which was about 95% accurate. I initially planned to use NVivo software, but the coding process was easier for me to complete it manually, and using triangulation and reflexivity contributed to my accuracy and trustworthiness of the study. After interviews were completed a $5.00 In and out burger or Starbucks gift card was offered.

Data Analysis Plan

My method of analysis is descriptive coding. My first cycle of coding was to first listen to the audio tape, and then transcribe the voice into text using a 'transcribe' application. Transcribe was an economical application purchased off my Apple computer for one month of service for $12.00. As I read the transcripts sentence by sentence, twice, I then listened to the voice and compared each transcript for completeness and accuracy. When I was satisfied with the accuracy of the transcripts, I utilized my field notes to see if my notes matched what was heard during the interview and captured pertinent information. Once the transcripts were complete, I deleted the identity of the participants, replacing identifying information with a code number. According to Saldana (2021), approximately 4% of an interview gets coded.

A code in qualitative research, are words that will describe a trait from the data collected (Saldana, 2021). As patterns emerge, I used colors to highlight codes in the first cycle of exploring the data and re-read to be sure I have quality codes. I then had a second person review my list as triangulation helps with credibility to assure bias is not present. Once sorted in commonalities and differences (Miles & Huberman, 1994), I was able to obtain 9 categories and 2 themes. Saldana (2021) advises to use a voice to text software such as Zoom, in the transcription process to help assure quality data properly transcribed, however, as stated above, I found a reliable transcription application that was easy to use.

Transition into a second cycle of coding is, according to Saldana (2021), a re-coding process that maps codes which helps with organization of the data and improves credibility. The second cycle of coding brought out concepts, and with each category recoded, lead to a theme (Saldana, 2021). The concepts that emerged in second cycle from the nine categories, to form two themes. (Saldana, 2021).

Connection of Data to Specific Research Questions

My research question was analyzed against each transcription, looking for traits that continually recurred, assigning codes to the passages of data (Saldana, 2021). First cycle coding as described above, was highlighted in every transcript. Next organization of codes into topical categories, as Saldana (2021) explains that descriptive coding in a qualitative study of a second cycle is topical in nature. The second cycle of coding will narrow down the numerous codes in first cycle, making the organization of the data

easier to visualize (Saldana, 2021). Once the categories were sorted, themes emerged. This study found nine categories and two themes.

Software

I planned to use Zoom, voice to text software to download the transcripts, and planned use NVivo software to assist with my computer coding (Saldana, 2021). Instead, I used an application named *Transcripts* that I purchased off Apple store. I also found it easier to manually code my data as it was a small set, than using NVivo software.

Issues of Trustworthiness

Internal and external validity is crucial in qualitative research that requires presentation of reliability that produce dependability, credibility, confirmability, and transferability (Farnsworth Group, 2021). According to Walden University Research Theory, Design, and Methods, trustworthiness extends from the researcher's confidence in the results of the study. The confidence stems from truthfulness from beginning to end of a study by achieving credibility, transferability, dependability / reliability, and confirmability. Chapter 4 will present evidence of trustworthiness.

Credibility

Credibility of research conducted in my study is very important to maintain internal validity. As a novice researcher it was vital that this study demonstrate accuracy and reliability. The findings of this study were genuine and factual from the participants intended statements. All methods to prove credibility in this study were completed and found no issues that would conflict with credibility from the participants.

One method for improving credibility, was to restate the participant answer and validate the statement after their reply, to check for accuracy and clarify what was meant by their response (Birt et al., 2016). The researcher must use care, and be consistent in the research process, keeping in mind, bias on both sides of the interview (Cypress, 2016). Internal validity is justifiable and meaningful, thereby using an instrument that measures accuracy of the study improves internal validity. (Cypress, 2016). In addition to a reliable instrument, careful and prolonged analysis of the transcripts were necessary to maintain credibility. I also assured the credibility of the study by reviewing the transcripts sentence by sentence and engaging myself to the participants statements and field notes. The participants spoke freely and openly to answer the open-ended questions, giving thick and rich data (Cypress, 2016), in addition my use of triangulation to review my codes helped to demonstrate credibility and be certain there was no bias in my selection of codes (Statistic Solutions, 2022). I feel confident credibility was assured in my study.

Transferability

To assure transferability or external validity, I detailed each of the interview process and steps for sufficient evidence and to provide a thick description. Transferability of this study's findings are applicable to many geographical areas where RNs will need to perform quality care to the transitioning patient. I found no transferability issues in this study. The data that was obtained from this study is thick and rich and free flowing of the participants own perceptions (Statistic Solutions, 2022), in same context and situations and adds to external validity (Robert Wood Johnson Foundation, 2008).

Dependability

According to Houghton et al. (2013), a study's results need to be consistent and repeatable to become dependable, and if this is so, it will add to the trustworthiness of the findings. One strategy that can achieve dependability in a study is to use NVivo, qualitative analysis software as it offers queries to eliminate biased emphasis, which can skew studies result. However, NVivo software is not as dependable as manual coding (Houghton et al., 2013). I had a small data set; manual coding became easier and more complete for my findings. I found no issues of conflicting reliable data in my study.

Confirmability

By utilizing triangulation during my analysis, and refuting a study (Mikovits, 2022) that gave insight of a nurse's knowledge by perceptions of the transgender patient. Asking nurses themselves what perceived knowledge about the healthcare needs of the transgender patients gives a more authentic statement. Asking a transgender what knowledge, a nurse has regarding the healthcare they receive was not the best way to find a nurse's level of knowledge, but rather, asking the nurse what they know and what education they have had about a transitioning patient poses a more accurate account of a nurse's knowledge. Knowing that a transgender believes the nurse does not have the knowledge to care for them, is validation but not a genuine answer for my research question. Asking a transgender what knowledge, a nurse has regarding their healthcare was akin to asking a witness in a trial what an expert witness would know at what speed the car was travelling. My research question directly asks the nurse what they know and is guided by a theoretical framework that can give the stage of expertise the nurse is in

and can give educators information to develop educational programs for every stage of knowledge a nurse needs to give competent care to the transitioning patient.

Ethical Procedures

After Walden University IRB approved my study, I began a purposeful and ethical recruitment of participants. I utilized social media nursing groups on Facebook and snowball technique to purposefully recruit my participants. Patients diagnosed with gender dysphoria, and those who choose to undergo a transformation to the opposite gender is a highly controversial subject matter, it becomes extremely sensitive to many, including nurses, and can be volatile area for the nurses culturally, personally, politically, and religiously (Wang & Cahill, 2018; Campbell et al., 2019). Therefore, I took every precaution to avoid lapse of integrity, and prepared to render any conflict during the qualitative process, as it may affect the quality of the research project (Taquette & Borges da Matta Souza, 2022).

I justified the need for this study because nurses have a moral and legal obligation give competent care to all patients. Without knowledge and skill of how to care for adult transgender patients, the patient may suffer injury and the nurse liable for negligence. The transgender population is increasing and is socially controversial. My pre-study conversations with my nurse friends if they had any formal education in this area, every nurse replied no, except one nurse replied they were shown a ten-minute video how to catheterize a transgender patient.

As written previously, most of the literature at the beginning of this project was concerning the LGBT, and not transgender people, but studies were inclusive with the

LGB population. Transitioning of transgender patients ought to be studied separately because transgender is a different phenomenon, and highly complex medical needs that do not affect the LGB population.

Only one study in the United States (Carabez, et al., 2016), asked the question of the nurses in the San Francisco Bay area of what they knew about transgender healthcare. My study is intended to interview medical surgical nurses, who, from my experience as a medical surgical RN, will care for any transgender patients with either medical or surgical healthcare needs. The nurse participants must know from the start, how important this knowledge is, and an accurate and genuine account of this knowledge shared with me, will benefit both nurses and transgender healthcare, therefore, the participants were able to speak freely and will remain anonymous, with no consequence of their opinions, knowledge, or lack of knowledge, regardless.

I asked participants on the demographic form if they knew or have any friends or family who are transgender, so that it would be clear if there may be bias. A potential for bias from nurses who may have religious or cultural concerns of a transgender did arise during the interview and was accounted for in the findings. The attitude theme revealed only two participants who had cultural and religious concerns about transitioning, but the majority had favorable replies. I hope that theses interviews brought to mind of the participants that a bias may surface, and each nurse must be aware of their own prejudice in this phenomenon and examined by each professional nurse prior to caring for this vulnerable population (Taquette & Borges da Matta Souza, 2022).

Ethics plays a part in more than selection and treatment of participants, ethics plays a part through the entire research process, and it is up to the researcher to maintain integrity throughout and to be prepared fix any ethical issue that arises unexpectedly (Taquette & Borges da Matta Souza, 2022). I had no ethical issues surface, except for the two participants concerned about transitioning, and once the nurses spoke, there was no further discussion on that particular question.

Some of the ethical issues that may have come up involve, failure to retain confidentiality, restriction of participant to freely express what they want to say, which can compromise the research project, in addition, Taquette & Borges da Matta Souza, 2022, write that confusing the researcher role, with becoming the participants therapist or friend. I did introduce myself as a fellow nurse, but to only acquaint the participant that I understand nursing, which is why this study is important, not only for social justice, but for the nurse to get the education needed so they may give quality care to a vulnerable population.

Scientific research with human beings requires maintaining dignity and liberty of the participants through the entire process, in order to keep integrity of this study intact, Taquette & Borges da Matta Souza (2022), advise researchers to stay aware of conflicts and be prepared to have a solution to solve the issue before it ruins the quality of the study. I assure readers all ethical concerns were maintained through this entire study process, starting with ethical concerns in recruitment material, which could be to create a flyer with unbiased influence. My invitational flyer was created to alleviate any sway of bias and was approved by the IRB, so there was no influential language that would hint

as bias, and the participants were free to express their honest views without fear of retribution. The flyer was distributed by my social network of friends, who then handed out the invitation to their social network of friends that were interested to participate. This snowball effect had success, whereas the social media platform in nursing groups only produced two participants with no follow through. All participants that completed their interview to the end, was given a $ 5.00 gift card of their choice, Starbucks or In n' Out Burger as a thank you to the participants who were made aware this study was for completion of my PhD program.

The demographic form asked the participant if there were any conflicts such as having a close family member or friend of a transitioning transgender, or any other conflict that would interfere with the integrity and authenticity of the data, including previous trauma involving the LGBT population (Sanjari et al., 2014). /There was only one participant that knew a transgender, denied learning any information, and the friend had not transitioned.

Data storage is being kept safe and secure by myself on my laptop computer with password and fingerprint protection. My dissertation committee will have access to the data, but not the identity of the participants, as those names have been deleted and replaced with a code. The participants will receive a copy of the results of the study. Data in my possession will be shredded after the school requirement of maintaining data for a period of five years. The study itself will be a published study. Confidentiality will be maintained to the best of my ability, however, although hacking of computers is unlikely, and email to participants may inadvertently get delivered to an unintended party, when

sending digital data like email, a privacy clause ought to be placed at the end of the document emailed (Li-Chen, 2009).

Summary

The intent of this study was to explore the knowledge and perceptions of registered nurses working in a medical surgical unit of an acute care hospital in the southwestern part of the United States. The healthcare of the transgender patient undergoing transition to the opposite gender is complex, and studies have shown that health disparities exist. One reason the researched literature gave as no access to care, is because healthcare practitioners are not aware of the healthcare needs of the transgender, and that very little research on the healthcare has been published.

The above paragraphs explained the methods and design in this study, including recruitment and participant selection, and the process of obtaining demographic and informed consent. The data collection method, and the importance of keeping internal and external validity through the project, and a plan to protect the data and participants confidentiality safe was honored. I had no need to implement the plan for failure of the participant to complete the study, as all participants completed the interviews until saturation was reached. Ethics are a researcher's friend, for without integrity through the entire project, the study results may become fiction, rather than a trusted source of information to improve nursing science.

Chapter 4: Results

The purpose of this basic qualitative exploratory study was to explore the perceived knowledge medical surgical nurses have about caring for the healthcare needs of the transitioning transgender patient. The research question for my study was: What do medical surgical nurses know about the healthcare needs of the transitioning transgender? The data collected from the participants will allow nurse educators from hospitals and nursing schools to know what programs to develop for RNs to care for transitioning transgender patients. By understanding what the learning needs are, and what level or stage of knowledge according to Benner's theory will allow the educator to develop specific programs to meet the needs of every stage of knowledge from novice to expert, so that all needs of all nurses may be met. Once education programs are implemented according to the nurses' situational experiences and knowledge, the nurse will have all the education needed to give quality care to transitioning transgenders and reduce the healthcare disparities of this vulnerable population. This chapter will explain the recruitment, the demographics, data collection, analysis, and the results of the study.

Setting

My recruitment timeline initially was limited to one month; however, it took six weeks to complete my 10 interviews and reach saturation. Recruiting participants began with sharing my flyer invitations to my network of friends, asking them to give my invitation to their qualified network of friends. I also posted the online invitation in certain nursing groups on Facebook.

The internet social platform was not as successful as the snowball technique. The internet nurse groups produced two participants with interest, however, without participant follow through. The snowball technique provided 10 participants for my study all ten completed the interview. I completed 10 interviews in six weeks, all but one participant resided in California, with 1 participant in Arizona, which qualified the geographic requirement.

All interviews were conducted by phone and recorded onto a digital recorder while the phone was on speakerphone. I made certain the participant could hear me clearly, and there were no recording issues. All participants were assured their identity would remain anonymous. The recruitment deadline posted was August 31, however, it took until mid-September to complete all the interviews. All interviews took place over my cellphone following the receipt of the demographic form, and informed consent were received via email.

Demographics

A total of 12 participants expressed interest, two participants from social media platform, contacted me expressing interest to be part of my study after finding my invitation on a nursing Facebook group. The two participants e-mailed me their interest, consent, and demographic, however neither participant followed through with giving me a time for the interview, nor a contact phone number. Through the snowball technique, a total of 10 qualifying participants did consent to the study, and all criteria was met from each participant prior to the interview. Two of the consenting participants mentioned knowing a transgender but were not close friends or family. Both participants denied

learning any information from their acquaintance about transitioning, and neither connection had transitioned. One participant, A8, asked if gay and transgender were the same because the participant knew of a friend who was gay. I clarified the answer for the participant.

A demographic survey (Appendix C) was completed for each participant which captured the location, age, gender, degree, years as a medical surgical nurse, education level, experiences in healthcare of a transitioning transgender, and whether the participant identified as a transgender, or had a family or close friend as a transgender (Table 1). All participants were from California, except one, from Arizona.

Table 1

Demographic Data

Participant	Age	Gender	Nursing degree	Years' experience	Education	Id as transgender	Close family / friend transgender
A1	41-50	F	BSN	11>	no	no	no
A2	41-50	F	MSN	1-3	no	no	no
A3	21-30	F	BSN	4-7	no	no	no
A4	>51	F	BSN	>11	no	no	no
A5	>51	F	Diploma	4-7	no	no	no
A6	>51	F	BSN	>11	no	no	no
A7	>51	F	BSN	>11	no	no	no
A8	31-40	M	Associate	1-3	no	no	no
A9	31-40	F	Associate	8-10	no	no	no
A10	21-30	M	BSN	1-3	no	no	no

Data Collection

Participants initially contacted me by phone or text of their interest. Those who met the criteria to participate were interviewed, only after I received the demographic survey and informed consent. Once the demographic survey and consent was established, all the interviews took place via telephone.

Ten participants participated in a semi structured interview. The interview guide (Appendix A) was fully utilized, and when needed for clarification and richness of the data, a sub question was implemented to pinpoint a more direct and thorough reply. One possible reason for needing clarification is that some of the participants sounded as if English was perhaps their second language, and some replies needed a more focused response as I wanted to be as accurate as possible with the data.

My initial intention was to offer person to person, zoom, or telephone interviews, all participants chose telephone. Because I conducted interviews by telephone, the observation form was not as detailed as it would be had the interviews been conducted with a face to face or zoom interview where I would have had the advantage of facial expression and body language to add to my observation field notes. I had to make sure I took note of the tone of voice, hesitation, pause, and other verbal cues. Most all the participants were similar in tone, and attentiveness, however three participants were verbally elaborate, expanding their answer, one seemed hurried by speaking quickly, and expanding only on one answer, and the others all seemed sincere in tone and answering the questions completely.

It was also my observation that a few of the nurses hesitated prior to answering the question. I am not certain if this was uncertainty, or reflection of thought, or language barrier. My field notes did not help with this observation, whereas face to face interviews would have given more facial expressions and body language likely would have given more feedback to determine if the participant had a puzzled look, or, appeared to be thinking during the hesitation.

I had anticipated the interviews would have been 30-60 minutes, however, no interview was 60 minutes, but most of the interviews were 30 minutes, one was 45 minutes, and one was 27 minutes. When the interview was completed, I gave the participant a choice of $5.00 Starbucks card or $5.00 In and Out Burger card. Most chose Starbucks card, 2 chose In and Out Burger. My goal to complete the interviews was August 31, 2022, however, it took me until the middle of September to reach saturation and complete the interviews.

Data Analysis

A qualitative study's purpose is to explore data to provide awareness into a phenomenon (Tenny et al., 2022). Qualitative research can explain through patterns of expressions, and lead to themes that allow a story to be told that will explain the answer to the research question (Tenny et al., 2022). In this study I chose to use descriptive coding, as Saldana (2021) explains it is proper for all types of qualitative data, especially novice researchers. However, Saldana (2021) explained, because descriptive coding labels data for topical discussion, it is not the best use for interview type data. I have found that because I reached saturation after ten participants, my data is a small collection and it simply flowed into topical sorting. I followed Saldana (2021) instructions to process the data. I had planned to use NVivo software to help with my first phase of coding, however the amount of data was small, and I found it easier to code manually. In phase one of the analysis, I highlighted the similar patterns of data from key concepts in the transcriptions. Sorting the data seemed to flow readily, and codes just fit together naturally.

Saldana (2021) recommended rereading the transcripts for accuracy. I read each transcript, sentence by sentence, twice. I then I listened two times to the digital recording and compared the words I was hearing with the transcriptions, to be certain they were accurate. I then read the transcripts and observation sheets to see that the transcriptions were aligned with my field notes.

Once the transcriptions were ready to be coded, Saldana (2021) writes that descriptive codes are important to be topical, so I highlighted key topics in each transcription, and highlighted all the similar codes. After I indexed my codes, I asked a second person to look at the transcripts and my list of codes to see if there were any missed concepts or bias in my selection of codes. Reflexivity helps with internal validity, and trustworthiness of the study (Saldana, 2021). By maintaining an audit trail and reflecting upon the data has helped maintain a trustworthy study.

In the second phase of coding, I was able to find patterns within the highlighted data and was able to categorize the data. Nine categories were grouped into topical likeness and became two themes. The research question was to explore what medical surgical knowledge nurses knew about the healthcare of a transitioning transgender.

Theme one *attitude*, which formed from two categories, *free to choose and ability to care*. Attitude may influence a willingness to learn about the healthcare needs of this vulnerable community (Mikovits, 2022).

The second theme, *knowledge,* which was derived from seven categories. The first two knowledge categories were *formal and informal education. Categories 3-7 were*

specific knowledge topics, medical, surgical, and general knowledge, and the last 2 categories, *laboratory, and radiograph knowledge.*

I did my best during the data collection and the coding process to keep an awareness of any bias I may have, trying to keep a filtered vision of only seeing the data from the participants, and understand their replies as authentic as possible. The researcher must take note of any bias when collecting and analyzing the data.

Reflexivity and triangulation in the process is very important to maintain trustworthiness so that internal and external validity is retained. Creating a trusted study may impact others, and easier for replication for future studies that will lead to social justice and the greater good (Saldana, 2021). One way I achieved this, was to follow Saldana's process. Viewing the data at different angles, such as from a nurse's viewpoint, rather than just the researcher was helpful to keep the data genuine from the participants point of view. This was relatively easy to do, because I am a nurse, I was able to look at the data as a nurse and identify with the participants genuine replies, as well as being a researcher, allowed me to see both viewpoints.

This chapter explains the setting, demographics, data collection, and analysis, discussion on trustworthiness, credibility, transferability, dependability, and confirmability, and finally, the results of the study, and a summary.

The participants were informed prior to the interview that this study is concerned with only *adult* transgenders, not children. I wanted to be sure when the participant answered, they knew it was concerning adults only, because pediatric transgender

phenomenon adds a level of controversy that should be studied separately. This study's focus concerns only adult transgenders and registered nurses' knowledge.

I conducted telephone interviews, so observation of facial expressions or other body language was not possible, however, my perceptions of hesitations or pause, and tone of voice, is what was used to base my observations in field notes. I also had to be clear to be sure the participant understood the question, as five out ten participants sounded as though English could be their second language, and I wanted to be certain the questions were clear and understandable.

The digital recordings were transcribed with an application called 'Transcription'. It was about 95% effective, but I did have to listen to the recordings twice, and some recordings a third time to be certain the data transcribed was accurate. Once the transcripts had been completed, all names and identifiers were deleted, and codes were used for participant A1-A10. I then used my observation sheet to confirm accuracy to the transcript, thereby making my coding more precise.

Evidence of Trustworthiness

Trustworthiness is vital when conducting a study (Saldana, 2021). Bias can influence the outcome of a study, and keeping this in mind, I did my best to not influence any participant during the interviews, and while coding, utilized triangulation and reflexivity to be certain I did not miss any key topics, or bias (Saldana, 2021). During the second phase of coding finding the patterns from the codes are part of proving unbiased trust Saldana (2021), this is where a second person to review codes from transcripts

helped trustworthiness. Chapter 3 discussed issues of trustworthiness, this section will discuss evidence of trustworthiness found in my study.

Credibility

I have assurance in the credibility of this study's findings because I followed all possible methods of triangulation and reflexivity. In order to obtain the most authentic replies from the participants, I wanted to establish a trusting relationship, as it can be difficult to trust someone you never met. Prior to the interview questions, I introduced myself as a fellow nurse and that I understood the hard work and dedication it takes to care for patients and that these questions were not a test of their knowledge per se, but rather a collective gathering of data of many nurses to find out if there is a need for education of the transitioning transgender community. I reminded the participant prior to the interview, it was perfectly acceptable to say they did not know an answer, that it was not a test of them, and was not being graded, that in fact their identity would remain anonymous, and no person would know what another participant reported. Therefore, this study was carefully crafted to keep internal validity intact.

I followed the interview guide completely, but where necessary, I asked a sub question to be sure the reply given was accurate, and precise. I also gave an opportunity for the participant to add further comment or ask questions. This gave clarity and richness to the data. Data saturation was reached at my 10^{th} interview. as almost all participants answered the same. Three participants asked to be notified of the final results, and I affirmed this request, Certainty of credibility is present in this study's findings. Chapter 3 discussed a refutable study of a nurse's knowledge and why a transgender is not an

accurate depiction of a nurse's knowledge but a direct honest statement from the nurses is a more credible study when learning what a nurse knows about healthcare of a transitioning patient.

Transferability

To assure transferability I detailed each step of the interview processes for replication and supplied sufficient evidence with rich and thick data obtained from my findings. Transferability coincides with maintaining external validity (Robert Wood Johnson Foundation, 2008). Nicolas (2021) writes that a study result can be transferable to other similar contexts, is achievable if the reader decides the content is applicable to their situation. This study has been clearly detailed so that any researcher may repeat the study. Any researcher will decide if this study is repeatable to their situation, and may utilize the interview guide as is, or change the questions to suit particular situation in any geographical area or department to achieve education for the nurses (Tenny et al., 2022).. I am certain that enough detailed information is presented to give another researcher what they need to replicate this study to any nurse in any geographical area.

Dependability

According to Houghton et al. (2013), a study's results need to be consistency and repeatable to become dependable, and if this is so, it will add to the trustworthiness of the findings. My initial plan to utilize NVivo software was not used. My qualitative data was a small set, enough that manual coding flowed simply and was easier to use than NVivo. By utilizing reflexivity and relating to the participants added to dependability of this study. It was fortunate for this study; I was able to easily use manual coding as it created

more dependable results. I was also able to use triangulation to assure absence of any bias I may have had while coding. I am certain another researcher may rely and depend upon this study's findings.

Confirmability

Confirmability in a qualitative study means that the data and analysis are substantiated by documentation by the researcher. I utilized reflexivity in the process of the study findings, and reflexivity to confirm the findings (R4DN, 2022, Houghton et al., 2013).

Study Results

This section will review two themes, Attitude and Knowledge. These themes were constructed from nine categories, freedom to choose, and ability to care, formal and informal education, medical knowledge, surgical knowledge, general knowledge, laboratory, and radiology knowledge.

Table 2

Categories and Themes

Themes	Attitude	Knowledge
Categories	Free to Choose	Formal Education
	Ability to Care	Informal Education
		Medical Knowledge
		Surgical Knowledge
		General Knowledge
		Laboratory Knowledge
		Radiograph Knowledge

Theme 1: Attitude

Overall, the participants had a positive attitude toward adults that choose to transition to the opposite gender. Theme 1 is based upon categories 1-2, which were derived from codes, shown below.

Category 1: Free to Choose

I arrived at the first theme from two categories that resulted from the participant responses and codes. The codes that led to this category were: *open, support, great thing, choice, their right, makes them happy, support them, their decision, equal rights, choice, not a good idea, and not sure*. The overall response, 8 of 10 participants gave a positive response indicating their belief that patients have the freedom to choose.

Participant A1 stated, “um, I am open, I feel like it’s their decision, I am there just to support them.” While Participant A3 stated, “I think it’s a great thing,” and when asked a sub question for more detail, the participant stated, “I had a friend who struggled with this, and was not happy until he actually came out and decided to identify as a male.” Participant A4 said, “If that is what they decide to do, I cannot disagree with them, that is their personal choice.” Participant A5 further stated, “That’s their right, I don’t oppose to that.” Similarly, Participant A7 stated, “Whatever makes them happy, we have to support them.” participant A8 replied, “Their decision, it’s up to them, if that’s what they want”, A9 stated, “Equal rights, yes, I am ok with that”, and A10, “Um, I mean like every individual has free choice”.

There were only two participant replies that were not as supportive, Participant A2 stated, “unfortunately I don’t think it is a good idea, I hope they get enough psychiatric help or counseling.” Participant A6 stated

> well, my culture is Asian, and I have never been exposed to that modern technology kind of thing, so I am not sure how I will be able to accept or not accept but I am in the middle actually.

A sub question posed to Participant A6 to solicit more information about the culture, was answered: “Asian is old school, male is male, female is female, it is not accepted.”

Category 2: Ability to Care

The participant replies to the question revealed what may inhibit their ability to give care to a transgender patient varied. The codes for this category were, *treat same, not acceptable, no experience, no knowledge, not sure, no issue, their decision, nothing.*

Participant, A1, “ I would treat them like anybody else”, A3, stated “I don’t want to accidently offend anyone”, “ I guess just the lack of experience”, participant A5 stated, “it shouldn’t affect me, I mean that they should be treated the same as anyone else”, A7 replied, “none, I don’t have any issue that will affect any patient undergoing surgery”, A9, replied “nothing”, and A10 also stated “no, not any”. Interestingly A8, gave a religious statement, “as a Christian I have my own views. As an adult it is their decision, I have not been to church since high school. Church teaches conservative view, God made man and woman, but I believe I am more progressive, every individual has their own choice”.

The statements with a less favorable reply. A2 participant also gave a religious statement., “Yeah, that is completely against my religion, um, for me God made you a man or a woman, so for me to change is not acceptable, and I would not send them to surgery, but if they already transitioned, I would take care of them” A4 participant was also uncertain when stating “If they are critical of you because they are not the norm, questioning what you are doing, how you do things, it is already complicated and you have no knowledge how to deal with them, it’s not that common on our floor”, Participant A6 responded “The transgender thing and all this kind of stuff but I have no education, I am not sure if I am able to accept the care for this kind of patient, but I am a nurse and should deal with, the answer is to respect the patient so of course I will take care of the patient”.

Theme 2: Knowledge

Theme two was derived from seven categories. Category 3 and 4 contributed to actual education, both formal and informal. The following five categories contributed to the knowledge factor of transgender healthcare.

Category 3: Formal Instruction

Category 3 was derived from codes, *none, five minutes, not really, no classes, none, none, none, read an article, nothing*. 10 of the 10 participants reported no healthcare education was ever received on transgender healthcare.

Participant A1, "I have not had any, not medical or surgical" A2, stated, "a very quick less than five minute in-service, they only told us that is the patients choice and we are to help and respect them", A3, replied "not really", A4 stated, no classes, but about 5 years ago I read an article in a nursing journal on how to approach them", A5, A6, & A7 replied "none", A8 stated, "About a year ago I read an article about pronouns and how to address them", A9 replied "nothing", and A10, "no, not any".

Category 4: Informal Education

Category 4 was derived from codes, *no, issues, browsing online, no clue, nothing, never, not sure, nothing, I don't know.* 10 out of 10 participants had no informal education about healthcare.

Participant A1, "no I haven't", "A2, "there are a lot of issues there", A3, "Some of the stories I read online, browsing the internet" A4, "barely no clue", A5, "check the history it will guide you", A6, "nothing", A7, "Neve had an opportunity to learn about

the details", A8, I looked it up you can have plastic surgery, honestly not sure", A9, "nothing, never had and I don't know", A10, "I don't know".

Category 5: Medical Knowledge

Medical knowledge codes made up this category, *support meds, I don't know, I don't know, I don't know, I do not know, I don't know, I don't know, nothing, and I don't know.* The majority of the replies from the participants, regarding medical care of the transgender patient was varied.

Participant A1, "um pause, just support their meds", A2 stated I don't know much about that, I know they need a bunch of medications", A3 stated, I don't really know much about the medical, I assume they are taking hormone therapy", Participant A4, stated "barely no clue", A5 replied, you check the history it would guide me", A6 stated, "I never had a patient like this", A7, stated "no I do not have any details or information", A8 responded, "I do not know specifically", A9 stated, "nothing, no experiences" and A10 replied, " I really don't know".

Category 6: Surgical Knowledge

Surgical knowledge category was derived from the following codes. *I don't know, like everyone, 10-minute video, I don't know, I don't know, listen, what gender they want, I don't know, general perioperative, I don't know.*

The replies about surgical knowledge were varied. Participant A1stated, "Um, I don't know exactly what they would even be doing besides breast implants, as far as male to female, I am not familiar with how they do that type of procedure", A2 replied, "well, um once they answered the admission questions we ask like everyone else", A3 stated, "l

saw a surgical procedure where the male penis was being cut open to form a vagina and that appeared painful", it was a video that was shown in my nursing school, I think less than ten minutes", A4, replied, I do not know, A5 stated, I know surgery, but I don't know gender surgery", A6 stated, I would listen when they talk, A7 replied "with consent can transition into what gender they want to be", A8 stated "use my general perioperative surgical knowledge", A9, replied, "I can't think of anything", and, A10 replied, "I don't know".

Category 7: Postoperative Monitoring

This category became part of the knowledge theme from the codes, *bleeding and infection, infection, bleeding, bleeding, bleeding, infection, pain, vital signs, bleeding, bleeding and infection, private parts, bleeding, and infection, maybe infection and bleeding, I don't know.*

Participant A1 replied "I would monitor the implants, bleeding, and infection", A2 stated, I can't even imagine, it's easier to avoid it, you have to monitor infection, nothing going on and no fever or blood loss, no swelling", A3 stated, "just bleeding", A4 replied, "basic nursing, bleeding, pain, infection", A5 stated, "vital signs, lab, bleeding", A6 stated, "general care, check bleeding and infection" A7 replied "procedure in private parts", A8, stated "Bleeding and infection, I can't think of anything specific", A9 stated " I don't know, maybe infection and bleeding", and A10 replied, "I can't think of anything specific".

Category 8: Laboratory Knowledge

Category 8 became part of the knowledge theme, although it is related more to diagnostic knowledge, it is still part of the overall nursing knowledge to care for the transgender patient. *Codes that led to this category are H&H, WBC, not sure, H&H, WBC, H&H, WBC, CMP, CBC, BMP, CBC, BMP, not sure, H&H, I don't know, standard, CBC.*

Participant A1 stated "probably H & H, um because you know real females are usually different than men, and I would look at WBC for infection", A2, "good question, I think white blood cells, and hemoglobin and hematocrit", A3 replied, "I am not sure about that one", A4 stated, "no idea, H & H, WBC, CMP, maybe hormone, nutrition like albumin and CRP", Participant A5 replied, "CBC, BMP", A6 stated, "CBC, BMP, not really sure", A7 stated, "we should have learned laboratory results" A8, stated, "testosterone, estrogen, CBC, H & H, I don't know", participant A9 replied, "lab, I don't know, maybe kidney, liver, etc., whatever they were having done that was standard" and participant A10 replied, CBC for bleeding.

Category 9 Radiographic Knowledge

The codes that led to this category, *I don't know, bladder, metal implant, bladder, abdomen, I don't know, surgical area, bone density, I don't know, gauze.*

Participant A1 stated "not sure", A2 stated, "the only thing I think of is check bladder and make sure its ok", participant A3 stated, I can't really think of anything, I mean I guess like a metal implant or something", participant A4, replied, "communicate with tech to be careful with patient, ultrasound of bladder and abdomen, and anything

that focuses on that area", A5 participant stated "the tech would know about the patient so I mean they know the history already, maybe about their feelings, I don't know"?, participant A6, stated "Xray of the surgical area, I don't remember procedure on post op patient", A7 stated "the present patient is what will concern me not the previous gender", participant A8 replied, "bone density, muscle mass, pelvis, hip not flat", A9 participant stated, "I don't know generalized procedures, I don't know", and A10 participant stated, "if there is any gauze left inside".

Summary

The ultimate purpose of this study was to explore the nurse's perceived knowledge of healthcare needs of a transitioning transgender. The previous chapter explained the recruitment information, the setting of the interview process, demographic information, data collection, analysis of the study, and a short discussion of internal and external validity. 10 participants were interviewed before reaching saturation. The interviews were conducted by telephone while utilizing my interview guide. Before the interviews were conducted, the informed consent and demographic form was received.

The first theme what attitude and behavior were reported from participants, derived from two categories, freedom to choose, and what would affect participants ability to care for their transitioning patient. Overall, 8 out of 10 of the participants responded favorably and supportive of the adult's freedom to choose their identity, as was the ability to care for their patient, 8 out of 10 participants also replied that culture and religion may interfere with the care given to their patient.

Seven categories merged to one theme of knowledge, it consisted of both informal and formal education categories, of which, 10 out of 10 participants reported not having any formal education, and 8 out of 10 had no informal education. Informal education where the participant talked with coworkers, or read articles from journals, or browsed the internet on their own. The other categories of medical and surgical knowledge questions were asked separately, and purposefully because of the complexity and different stages in the transition process. The responses of the participants for medical knowledge revealed that 4 of 10 participants replied that the participants take hormone therapy. The surgical knowledge question revealed that one participant saw a "10-minute video in OB GYN class in nursing school in 2013 that showed a penis being cut to form a vagina", one participant replied, "I will use my general perioperative surgical knowledge", 8 remaining participants did not know about transgender surgery.

The third category, monitoring the post op transitional patient, replies were varied, and overall were representative of what general perioperative nursing care such as "basic nursing, bleeding, pain, infection", just bleeding "infection, swelling, blood pressure, vital signs, blood clots, bleeding and infection". The last two categories under the theme of knowledge were laboratory and radiography knowledge. Laboratory monitoring 7 of 10 participants mentioned CBC, & H & H, 3 of 10 replied "I don't know". When time permitted I asked a sub question "when monitoring laboratory results on the reference ranges for male or female, would you use the reference of the gender they were born with or gender they became? The replies of all five participants varied, 2 participants replied, "gender they became", 2 participants replied, "gender they were born

with", and 1 participant replied, "it doesn't matter". The last category of what considerations would you have for radiographic tests, once again, the results varied, from "not sure" to I can't really think of anything" and "communication to tech to be careful", and one participant mentioned "bone density, muscle mass, pelvis, hip".

The overall replies from the participants showed that education for medical surgical nurses is needed so that transgender people can have access to knowledgeable healthcare.

Chapter 5: Discussion, Conclusions, and Recommendations

The main intent of this basic qualitative exploratory study was to explore the perceived knowledge of medical surgical nurses regarding the healthcare needs of adult transitioning transgender patients. Past research of transgender feelings on healthcare revealed that transgenders felt stigmatized, and that practitioner knowledge was very limited, (Mikovits, 2022; Rivera, 2019). When addressing the concerns of transgender people such as pronoun use, and the feelings of the transgender adults, research has been well documented; however, research on transitional healthcare and knowledge of registered nurses have about transitioning, is almost nonexistent. Recently, Mikovits (2022) conducted a study on the healthcare of transgender persons, which as discussed above is not as accurate in a nurse's perceived knowledge, nor stage of knowledge and skill, but from the point of view of the transgender. Unlike this study, which is what the registered nurses know about the healthcare of the transgender, from the nurse's perspective. By asking nurses what they know utilizing Benner's framework will give educators the opportunity to create educational programs designed for what stage the RN knowledge and skill set falls. In this study, all participants are at Benner's lowest stage. A student nurse with education would be a novice. However, in this study not one nurse had education or experience with this phenomenon. Another study refutable on nurses' knowledge is one that reported that *transphobia rather than education* caused lack of provider knowledge (Stroumsa et al., 2019). I can see how this could affect a desire to learn about the needs of this population, however, the key findings in this study showed that there was a lack of knowledge of medical surgical registered nurses, and the attitude

toward a transitioning transgender adult was supportive overall, with only 2 of 10 participants expressing concerns with caring for a transitioning patient.

The findings in this study have positive implications to nursing science and social justice that can reduce the healthcare disparities of the transgender population and inform nurse educators what education needs of registered nurses are. This can transform nursing care and advancement of transitional healthcare for this vulnerable population.

Interpretation of the Findings

This section will discuss the findings from the study, which resulted from genuine replies of the registered nurse participants, and after carefully analyzing the transcripts of interviews and developed categories and themes from the codes I developed. I was able to derive two themes, from nine categories.

Theme 1 was attitude, derived from two categories. Category 1 was freedom to choose and revealed that the majority of the participants supported adult transitioning. Only two participants, A2 and A6, replied with concerns of religion and culture. Transgender people have a health care disparity and have felt discriminated against by health care practitioners, which is one reason they do not seek access to care (Mikovits, 2022). However, contrary to Mikovits (2022), 8 of 10 participants supported the choice to become whatever gender the patient wanted.

Category 2 was the ability to care for a transitioning patient. As in Category 1, two participants were not as supportive of the other eight participants. Participant A2 stated: “I would not send them to surgery, but if they already transitioned and I did not

take part in helping them remove a penis or a breast then I can take care of them." Participant A6 stated:

> I am not sure if I am able to accept the care for this kind of patient, but I am a nurse and should deal with, what is the answer, to respect the patient, so of course I will take care of the patient

Patient A1 replied, "I would treat them as any other patient," while Participant A3 stated "I guess just the lack of experience. I just don't want to accidentally offend anyone."

The literature review in chapter two concerning the transitioning transgender healthcare is scarce. Most of the earlier studies were combined within the LGBT umbrella, yet, LGB persons do not have the same healthcare needs, in fact sexual preference and gender identity are two different phenomenon (Bidell, 2005). In addition, most of the literature, except one adult study I found, concerned with cultural knowledge not healthcare. Garcia-Acosta et al. (2019) found that more studies are being developed, and Castleberry (2018) stated a lack of nursing knowledge contributes to the barriers of care for transgender people. There is a study on a lack emergency room nurses knowledge about complications of transgender people, but no study of medical surgical nurses have been conducted except for one study (Carabez et al., 2016), which asked 1 question to 285 nurses, "what do you know about healthcare of the transgender", the findings were similar to my study, except that my study had a more positive response, whereby, the study of Carabez et al. (2016) stated, many respondents were derogatory and cynical. The participants from this study were in a geographical area in the San Francisco Bay area which has a very high population of LGBT population.

Wyckoff (2019) defined cultural competence is what nurses accommodate into healthcare practice, and Yu et al., (2021) define cultural competence as healthcare workers giving unbiased quality care when offering knowledge and skill to a diverse patient. This is why knowledge of healthcare is an important area to study for future research. Cultural care and healthcare of the transitioning patient are both important and one cannot preclude the other, however, the complexities in healthcare will require an abundance of knowledge taught to the nurses who are not familiar with this phenomenon. Attitude and knowledge of the transgender population affect the care given by nurses but should be studied separately from the LGB population. In my study I actually had one participant ask if gay was the same as a transgender. They are completely different phenomenon and I explained, sexual preference and gender identity are not the same.

Every nursing department should be taught about transitioning, including, OB-GYN, urology, cardiac, radiology, and more. Medical surgical nurses will encounter many transitional patients; however, complications and testing involve all departments, including mental health nurses. Lim et al. (2015) wrote that nurse educators are lacking in knowledge, but once again, this study was under LGBT umbrella. As stated above transgender healthcare needs to be studied apart from LGBT literature, as they are a different phenomenon, which was validated by the National Organization of Nurse Practitioner Faculty (2019) and Bidell (2005). This study is narrowly focused on the transgender in transition only, and a nurse's knowledge.

Theme 2: Knowledge, was derived from seven categories. The first two categories pertained to education, and all ten participants reported no formal education,

and the second category, informal education, only two participants replied with having read an article on transgender pronouns, and another participant that observed a video seven years ago in nursing school of a penis being cut to form a vagina. All other participants replied as having none. Any previous study was not on healthcare of the transitioning transgender knowledge by medical surgical nurses, and this study is specifically tailored to areas in which transgenders undergoing transition will need to know, but far from all of the knowledge nurses will need in totality to become expert in this phenomenon, this is why this study was an important breakthrough and further research is needed, sooner rather than later, as this population is growing.

The following categories, 3, 4, and 5, that pertain to specific third category was specific to medical knowledge, seven participants replied they did not know, and three participants speculated hormone therapy. The fourth category, surgical knowledge, all participants did not know about gender surgery. The knowledge category five was monitoring a post-surgical patient, only one participant replied, “I don’t know”, and all other participants replied with general perioperative statements such as monitor vital signs, bleeding, infection, however, nothing specific to gender specific surgery.

The last two categories that fell under the knowledge theme, as it pertained to laboratory and radiology considerations. Under the category of laboratory considerations, once again general perioperative replies such as CBC, CMP, BMP, CRP, kidney, and liver labs. I also asked a sub question of five participants concerning lab values, and what gender would the nurse look at on the male / female reference range, the gender the patient became, the gender the patient was born with, and the replies varied, two replied

with “gender they became”, two replied the “gender at birth”, and one replied, “it did not matter”. There was a gap in the literature, with only one other study I found only one study of a nurse’s knowledge of transgender health care needs, (Carabez et al., 2016), that was consistent with the results of my study. Mikovits (2022) conducted a qualitative study of what transgender perceptions were of registered nurses’ knowledge, and the results revealed that there was a perceived lack of knowledge, experience, and understanding. This study was consistent with Mikovits study as well. These outcomes show that nurses need education of the health care needs of the transitioning population.

Limitations

The first limitation is that there were a small number of participants, ten in total. Because of preference of the participants, the interviews were all conducted by telephone. Interviews by phone limited the ability to observe body language and facial expression, instead, I relied on tone of voice and other non-visual cues for observing nonverbal cues to add to the data collection. A second limitation is that the study was only focused upon medical surgical registered nurses, which was intended, as most of the transitioning process will occur on medical surgical units, however, many departments will interact with this population and also need education. There are also complications of everybody system that may arise that specialty nurses will need knowledge as well. The locality of the study was limited to the Southwestern part of the United States, and all but one participant was from California. A larger geographical area to be studied would be beneficial. The opportunity to recruit from the internet was not successful, as only two participants sent interest, but did not follow through, which was anticipated prior to my

study. Studies of the transgender health care are needed sooner than later, as this population is continuing to grow all through the US.

Recommendations

Recommendations for future inquiry would be to attempt more face-to-face interviews so that a better interpersonal relationship may be achieved, advancing trustworthiness and credibility in a study. It is also recommended to do more qualitative studies in more geographic areas, as this study is a small representative of a small area in the Southwestern part of the United States. It is also recommended that all studies be separate from LGB community as sexual preference and gender identity are completely different phenomenon and those choosing transition have a very complex healthcare learning curve. Including recent literature to develop new laboratory reference index to include transgenders in transition. There is a great deal of knowledge to learn, and the learning needs change with the research findings.

Implications

Anytime a study can contribute to nursing science, it will provide a positive social change. In this study, the conclusion revealed medical surgical nurses in the Southwestern part of the United States need education of the transitioning population to reduce the healthcare disparities they face. The literature has shown that lack of knowledge prevents transgender people from accessing healthcare. This and further qualitative studies such as this one, can inform nurses and educators of the need for education of this complex phenomenon. Transitioning of the transgender and its research are in its infancy and is evolving. The studies themselves help refine the care that is given

and teaches practitioners more than we learned in the previous studies. There are many areas of the body that is affected by the transition process, and my research of the literature thus far has shown me there is more to be learned of how the medications and surgical interventions affect the human body in many ways and all practitioners will need to keep up to date on current research. As more and more transgenders transition, as more insurance coverage pays for the services, there is a political divide, and a social divide, as was with the LGB community, and there had been progress for that population as well, and likely will be progress for the transgender community as well.

According to Benner (2005), nurses learn in both theory and practice, thus, with the newer technology of simulation, nurses can be educated with theory and practice, and achieve competency of transgender healthcare.

Conclusions

Because the number or transgender people are at an increase, and more transitioning transgenders are seeking medical and surgical services (Lane et al., 2018), it is imperative that medical surgical nurses have the knowledge of the healthcare needs of the patients presenting for treatment (Knauff et al. 2021). This study is of great importance to find out if medical surgical nurses are prepared to care for this vulnerable population. The literature reports that transgender patients suffer health care disparity, and list one reason as transgenders fail to access health care because practitioners do not have knowledge to meet those needs (Azizi, 2022). All of the medical surgical nurse participants reported not having any formal education about the transitioning process, only two of the ten participants either browsed online or read an article about pronoun

use. Pronoun use and culture has been studied, but this study was concerned with only the transitioning medical and surgical care. There is a gap in the literature concerning the healthcare of the transgender patients, and while this study is one of the first to look at the knowledge of medical surgical nurses for this phenomenon, there are many more studies needed in all geographic areas. Ten participants are a start, but it will require many more participants and geographical areas to impact the healthcare access that is needed for equality and healthcare of the transgender population.

I have seen recent research studies of other areas that affect the nursing profession as well, such as research conducted to laboratory reference sheets (Azizi, 2022) to include transgender, however, studies that show the need for changes, means more studies as to how to achieve those needs are also needed. An example is in reference to the laboratory reference sheets, which ranges differ from male to female, but the reference ranges do not take into consideration the transition process and the effects medications have on the results of the blood work. The transitioning process is complex and affects all areas in healthcare, thus, the learning of this phenomenon for nurses will be ongoing, and when the nurses can begin this journey, they will grow from novice to expert over time (Benner et al., 2009). In this study I asked five of the ten participants, would you view the reference range of a transitioning transgender from their gender at birth, or the gender they became? There is no standard for this answer as yet, however, I asked to see if any of the nurses even thought of this as a potential issue, and the responses varied, 2 replied gender at birth, 2 replied, gender they became, 1 one replied,

it didn't matter. There is still so much for nurses to learn, and so much more research needs to be conducted on this phenomenon.

References

American Nurses Association. (2015). Nursing scope and standards of practice. 3rd ed., Standard 9 and 10, standards of professional performance. Retrieved from: https://www.lindsey.edu/academics/majors-and-programs/Nursing/img/ANA-2015-Scope-Standards.pdf

American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. *American Psychologist*, *70(*9), 832-864. Doi: 10.1037/a0039906

Applied Doctoral Experience. (2021). Qualitative narrative inquiry research, section 2. https://library.ncu.edu/c.php?g=1013605

Archibald, M., & Munce, S., (2015). Challenges and strategies in the recruitment of participant research. *University of Alberta Health Science Journal. 11*(1).: 34-37. https://www.semanticscholar.org/paper/Challenges-and-Strategies-in-the-Recruitment-of-for-Archibald-Munce/930d7241c5751767e56fdcd43155bb93a5ea7695

Aslan, F., Ercan, N., Sahin, E., & Emioglu, O.N. (2019). Turkish nurse educator's knowledge regarding LGBT health and their level of homophobia: A descriptive-cross sectional study. *Nurse Education Today.* 76 216-221. Doi: 10.1016/j.nedt.2019.02.014.

Azizi, M., (2022). Do we need transgender-specific reference ranges for common laboratory tests? Retrieved from: https://www.news-medical.net/health/Do-We-

Need-Transgender-specific-Reference-Ranges-for-Common-Laboratory-Tests.aspx.

Bahrami, N., Soleimani, M., Yaghoobzdeh, A., & Ranjbar, H. (2016). Researcher as an instrument in qualitative research: Challenges and opportunities. *Advances in Nursing & Midwifery*, 25(90). Retrieved from: https://journals.sbmu.ac.ir/en-jnm/article/view/11584

Benner, P. (2005). Using the Dreyfus model of skill Acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *The Bulletin of Science, Technology, and Society Special Issue: Human Expertise in the Age of the Computer*, *24*(3), 188-199.

Benner, P., Tanner, C., & Chesla, C., (2009). *Expertise in nursing practice; Caring, clinical judgment, and ethics.* (Second edition). Springer Publishing.

Benner, P. (2015). Curricular and pedagogical implications for the Carnegie Study Educating Nurses: A call for radical transformation. *Asian Nursing Research; Seoul. 9(1).* Doi: 10.1016/j.anr.2015.02.001.

Benton, C., (2020). Sexual health attitudes and beliefs among nursing faculty: A correlational study. *Nurse Education Today. 98*. https.doi.org/10.1016/j.nedt.2020.104665.

Bidell, M. P. (2005). The Sexual Orientation Counselor Competency Scale: Assessing attitudes, skills, and knowledge of counselors working with Lesbian/Gay/Bisexual clients. *Counselor Education and Supervision, 44*, 267-279. 10.1002/j.1556-6978.2005. tb01755.x

Biography.com. (2020). Christine Jorgensen Biography. https://www.biography.com/activist/christine-jorgensen

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member Checking: A tool to enhance trustworthiness or merely a not to validation? *Qual Health Res*. *26*(13). Doi: 10.2277/1049732316654870.

Caceres, B. (2019). Care of LGBTQ older adults: What geriatric nurses must know. *Geriatric Nursing*, *40*(3). Doi: https://doi.org/10.1016/i.gerinurse.2019.05.006

Campbell, J., & Spelten, E., (2020). Strengthening the integrity of qualitative research in the Australian Journal of Rural Health. *The Australian Journal of Rural Health*, *28*(5). https://doi.org/10.1111/ajr.12676.

Canner, J., Hartouch, O., & Kodadek, L. (2018). Temporal trends in gender-affirming surgery among transgender patients in the United States. *Jama Surg,153*(7). Doi: 10.1001/jamasurg.2017.6231.

Carabez, R., Eliason, M., & Martinson, M. (2016). Nurses' knowledge about transgender patient care, a qualitative study. *Advances in Nursing Science*, *39*(3). Doi: 10.1097/ANS.0000000000000128

Carabez, R., Pellegrini, M., Mankovitz, A., Eliason, M., & Dariotis, W.M. (2015). Nursing students' perceptions of their knowledge of lesbian, gay, bisexual, and transgender issues: Effectiveness of a multipurpose assignment in a public nursing class. *Journal of Nursing Education*, *54*(1). Doi:10.3928/01484834-20141228-03.

Carabez, R., & Scott, M. (2016). Nurses don't deal with these issues: nurses' role in advance care planning for lesbian, gay, bisexual, and transgender patients. *Journal of Clinical Nursing*, *25*(23-24). https://doi.org/10.1111/jocn.13336

Carlson, K., (2021). Politics and nursing: strange bedfellows? Retrieved from: https://nursesusa.org/article_politics_and_nursing.asp

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A., (2014). The use of triangulation in qualitative research. *Oncol Nurs Forum. 41*(5). Doi: 10.1188/14.ONF.545-547.

Castleberry, J., (2018). Addressing the gender continuum: A concept analysis. *Journal of Transcultural Nursing. 30*(4). Doi: 10.1177/1043659618818722.

Christopher, B., (2020). Data Exclusive: See how your legislators vote on the political spectrum. Retrieved from: https://calmatters.org/politics/2019/09/california-legislators-political-spectrum-maps-charts-data/

Collins, C., (2020). Pediatric nurse practitioners' attitudes/beliefs and knowledge/perceived competence in caring for transgender and gender-nonconforming youth. *Journal for Specialists in Pediatric Nursing.* Vol. 26(2). https://doi-org.ezp.waldenulibrary.org/10.1111/jspn.12321.

Complete Dissertation (2022). What is transferability in qualitative research and how do we establish it? Retrieved from: https://www.statisticssolutions.com/what-is-transferability-in-qualitative-research-and-how-do-we-establish-it/

Cypress, B., (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical*

Care Nursing. 36(4). Doi: 10.1097/DCC.0000000000000253. Peer Review is another method to check validity of a study, as a researcher works on a study knowing other scholars will be reviewing the data for accuracy, will keep the researcher's integrity intact through the process (Sadeghieh (2014).

Danilo-Fagundes, R., Marcos Vinicius de Freitas, C., Rodrigues, P.N., Tenore, R.N., & Ribeiro, N.V., et al., (2019). *Revista Brasileira de Engermagem.* Vol. *72*(1). https://doi.org/10.1590/0034-7167-2017-0644

Dargan, R., (2021). Radiology among specialties evaluating processes to create an inclusive environment. RSNA News. Retrieved from: https://www.rsna.org/news/2021/september/Imaging-Transgender-Patients

Davis, W., Patel, B., & Thurmond, J., (2021). Emergency care considerations for the transgender patient: Complications of gender-affirming treatments. *Journal of Emergency Nursing*. *47*(1). https://doi.org/10.1016/j-jen.2020.07.009.

Della Pelle, C., Cerratti, F., Di Giovanni, P., Cipollone, F., & Cicolini, G. (2018). Attitudes towards and knowledge about lesbian, gay, bisexual, and transgender patients among Italian nurses: An observational study. *Journal of Nursing Scholarship. 50*(4). Doi: 10.1111/jnu.12388.

Dickey, L.M., (2017). Toward developing clinical competence: Improving health care of gender diverse people. *American Journal of Public Health. 107*(2). Doi: 10.2105/ajph.2016.303581.

Dirks, P., (2016). Size of transgender population and why it matters. Retrieved from: https://womanmeanssomething.com/size-of-the-transgender-population-and-why-it-matters/

Dodgson, J., (2019). Reflexivity in qualitative research. *J Hum Lact. 35*(2). Doi: 10.1177/0890334419830990.

Echezona-Johnson, C. (2017). Evaluation of lesbian, gay, bisexual, and transgender knowledge in basic obstetrical nursing education. *Nursing Education Perspectives. 38*(3). Doi: 10.1097/01.NEP.0000000000000136.

Farnsworth Group (2021). How to achieve trustworthiness in qualitative research. Retrieved from: https://www.thefarnsworthgroup.com/blog/trustworthiness-qualitative-research

Fauer, A., Manges, K., Stroumsa, D., Sinko, L., & Adynski, G., (2020). Catalyzing a nursing response to healthcare discrimination against transgender and nonbinary individuals. *Journal of Nursing Scholarship. 52*(6). https://www.proquest.com/scholarly-journals/catalyzing-nursing-response-healthcare/docview/2463699056/se-2

Flores, A., Herman, J., Gates, G., & Brown, T.N., (2016). How Many Adults Identify as transgender in the United States? Trans-Adults-US-Aug-2016.pdf (ucla.edu) Trans-Adults-US-Aug-2016.pdf (ucla.edu).

Forero, R., Nahidi, S., De Costa, J., Mohsin, M., Fitzgerald, G., Gibson, N., McCarthy, S., & Aboagye-Sarfo, P., (2018). Application of four-dimension criteria to assess

rigor of qualitative research in emergency medicine. *BMC Health Serv Res. 18*(1). Doi: 10.1186/s12913-018-2915-2.

Frey, B., (2018). Feasibility. *The SAGE Encyclopedia of Educational Research, Measurement, and Evaluation*. 1-4. Doi: 10.4135/9781506326139.

Garcia-Acosta, J.M., Castro-Peraza, M.E., Arias-Rodriguez, A., Perez-Canovas, M.I., Sosa-Alvarez, M.I., Llabres-Sole, R., Perdomo-Hernandez, A.M., & Lorenzo-Rocha, N.D., (2019). Impact of a formative program on transgender healthcare for nursing students and health professionals. Quasi-experimental intervention study. *Journal of Environmental Research and Public Health. 16*(17). 1160-4601. Doi: https://doi.org/10.3390/ijerph16173205

Gilchrist, K., (2022). Bill Gates says Covid Risks have 'dramatically reduced' but another pandemic is coming. Retrieved from: https://www.cnbc.com/2022/02/18/bill-gates-covid-risks-have-reduced-but-another-pandemic-will-come.html

Hadi, M.A., & Jose, C.S., (2016). Ensuring rigor and trustworthiness of qualitative research in clinical pharmacy. *International Journal of Clinical Pharmacy. 38*(3). Doi: 10.1007/s11096-0150237-6.

Hagwe, E. (2018). How is research justification or justification of a study written? *CACTUS*. Retrieved by: https://www.editage.com/insights/how-is-research-justification-written

Hallman, P., & Duhamel, K., (2016). Identifying barriers to teaching LGBT health. *Nursing Made Incredibly Easy*. *14*(5). 6-11. Doi: 10.1097/01.NME.0000489907.83035.a4.

Hana, T., Butler, K., Young, L.T., Zamora, G., & Hong-Lam, J.S. (2021). Transgender health in medical education. *Bull World Health Organ. 99.* Doi: 10.2471/BLT.19.249086.

Heldt, B. (2018). New California law allows children to get transgender treatments without parental consent. Retrieved from: https://townhall.com/tipsheet/briannaheldt/2018/09/27/new-california-law-allows-children-to-get-transgender-treatments-without-parental-consent-n2522928.

Hickerson, K., Hawkins, L., & Hoyt-Brennan, A.M., (2018). Sexual orientation/gender identity cultural competence: A simulation pilot study. *Clinical Simulation in Nursing.16*. https://doi.org/10.1016/j.ecns.2017.10.011.

Hodges, T., (2020). Incorporating health care concepts addressing the needs of the lesbian, gay, bisexual, and transgender population in an associate of science in nursing curriculum: Are faculty prepared? *Teaching and Learning in Nursing. 16.* Doi: 10.1016/j.tein.220.11.005.

Houghton, C., Casey, D., Shaw, D., & Murphy, K., (2013). Rigour in qualitative case-study research. *Nurse Researcher. 20*(4). Retrieved from: https://www.proquest.com/scholarly-journals/rigour-qualitative-case-study-research/docview/1317920491/se-2?accountid=14872.

Ilyana, J., (2022). Strategies for establishing dependability between two qualitative intrinsic case studies: A reflective thematic analysis. *Field Methods. 34*(3). Doi: **https://doi.org/10.1177/1525822X211069636**

Inch, E., (2016). Changing minds: The psychological pathologicalization of trans people. *International Journal of Mental Health. 45*(3). Pp 193-204. https://doi.org/10.1080/00207411.2016.1204822.

Kanamori Y. & Cornelius-White, J. (2016). Big changes, but are they big enough? Healthcare professionals' attitudes toward transgender persons. *International Journal of Transgenderism. 17*(3-4). Doi: 10.1080/15532739.2016.1232628.

Knauff, J., Wheeler, B., & Walker, G., (2021). Perioperative care of the transgender patient. *Journal of Peri Anesthesia Nursing.* Vol. 36(4). https://doi.org/10.1016/j.jopan.2021.06.017

Kroning, M., Green, J., & Kroning, K. (2017). Dimensions of inclusive care: A young transgender patient sparks the need for an immediate education action plan. *Nursing Management. 48*(1). 22-26. Doi: 10.1097/01.NUMA.0000511181.726.0f.

Lane, M., Graham, C.I., Sluiter, E., Waljee, J., Tsung-Hung, Y., Hsou, Mei, & Kuzon, W., (2018). Trends in gender-affirming surgery in insured patients in the United States. *Plastic and Reconstructive Surgery, Global Open. 6*(4). Doi: https://doi.org/10.1097/GOX.0000000000001738

Li-Chen, L., (2009). Data management and security in qualitative research. *Dimensions of Critical Care Nursing. 28*(3). Doi: 10.3097/DCC.0b013e31819aeff6

Lim, F., Johnson, M., & Eliason, M. (2015). A national survey of faculty knowledge, experience, and readiness for teaching lesbian, gay, bisexual, and transgender health in Baccalaureate nursing programs. *Nursing Education Perspectives. 36*(3). 144-152. Doi: https://doi.org/10.5480/14-1355

Lindroth, M. (2016). Competent persons who can treat you with competence as simple as that – an interview study with transgender people on their experiences of meeting health care professional. *Journal of Clinical Nursing. 25*(23-24). https://doi-org.ezp.waldenulibrary.org/10.1111/jocn.13384

Meerwijk, E., & Sevelius, J., (2017). Transgender population size in the United States: a meta-regression of population-based probability samples. *American Journal of Public Health. 107*(2). https://doi.org/10.2105/ajph.2016.303578a

Mikovits, J., (2022). "I don't feel like I'm a person": Nursing knowledge of transgender care through the lens of transgender people. *Journal of Advanced Nursing.* Vol. 78(9). **https://doi.org/10.1111/jan.15308**

Miles, M.B., & Huberman, A.M., (1994). Qualitative Data Analysis (2nd ed). Sage Publications. Pp. 5-7.

Moore, W., (2021). Does faculty experience count? A quantitative analysis of evidence-based testing practices in baccalaureate nursing education. *Nursing Education Perspectives. 42*(1). Doi: 10.1097/01.NEP.0000000000000754.

Morse J.M. & Coulehan, J., (2014). Maintaining confidentiality in qualitative publication. *Qualitative Health Research. 25*(2). Doi: https://doi.org/10.1177/1049732314563489.

National Institute of Health (2022). Sex, gender, and sexuality. *NIH Style Guide*. Retrieved from: https://www.nih.gov/nih-style-guide/sex-gender-sexuality

National LGBT Health Education Center, (2017). *Glossary of LGBT terms for health care teams.* Retrieved from: https://www.lgbtqiahealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf

National Organization of Nurse Practitioner Faculty (2019). A toolkit on patient centered transgender care for nurse practitioner faculty. *The Journal for Nurse Practitioners.15*. 502-505. Doi: 10.1016/j.nurpra.2019.03.021.

Neira, P. (2017). Caring for the transgender patient. *Journal of Radiology Nursing. 36*. Doi: 10.1016/j.jradnu.2017.03.002.

Nicolas, A., (2021). Transferability in qualitative research. *Research Prospect.* Retrieved from: https://www.researchprospect.com/transferability-in-qualitative-research/

Nolan, I., Kuhner, C., & Dy, G., (2019). Demographic and temporal trends in transgender identitites and gender confirming surgery. *Translational Andrology and Urology, A Rising Journal for the Science and Art of Andrology and Urology. 8*(3). Doi: 10.21037/tau.2019.04.09.

Paradiso, C., & Lally, R.M., (2018). Nurse practitioner knowledge, attitudes, and beliefs when caring for transgender people. *Transgender Health. 3*(1). https://doi.org/10.1089/trgh.2017.0048

Petiprin, A., (2020). Nursing-Theory.org. Retrieved from: https://nursing-theory.org/theories-and-models/from-novice-to-expert.php

Pinder, H., (2020). What are the assumptions of qualitative research? Retrieved from: https://findanyanswer.com/what-are-the-assumptions-of-qualitative-researchassumption

R4 DN (2022). What does confirmability mean in qualitative research? Retrieved from: https://r4dn.com/what-does-confirmability-mean-in-qualitative-research/#:~:text=What%20does%20Confirmability%20mean%20in%20qualitative%20research%3F%20Confirmability,inquirerTs%20imagination%2C%20but%20clearly%20derived%20from%20the%20data.

Reid, A.M., Brown, J., Smith, J., Cope, A., & Jamieson, S., (2018). Ethical dilemmas and reflexivity in qualitative research. *Perspectives on Medical Education. 7. Pp. 69-75. Doi: https://doi.org/10.1007/s40037-018-041202*.

Reid, C., Ralph, J., El-Masri, M., & Ziefle, K., (2020). High-Fidelity simulation and clinical judgment of nursing students in maternal newborn course. *Western Journal of Nursing Research. 42*(10). Doi: 10.1177/0193945920907395

Riggs, D. W., & Bartholomaeus, C. (2016). Australian mental health nurses and transgender clients: Attitudes and knowledge. *Journal of Research in Nursing*, *21*(3), 212–222. https://doi.org/10.1177/1744987115624483

Rivera, D., (2019) Care without assumption: The perceptions of transgender persons regarding their experiences with nursing care. *International Journal for Human Caring. 23*(3). 242-253. Doi:10.20467/1091-5710.23.3.242.

Robert Wood Johnson Foundation (2008). Thick description. Retrieved from: http://www.qualres.org/HomeThic-3697.html

Sadeghieh, K., (2014). Peer review in scientific publications: Benefits, critiques, & a survival guide. EJIFCC, *25*(3). Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4975196/

Safer, J., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J., (2016). Barriers to healthcare for transgender individuals. *Curr Opin Endocrinol Diabetes Obes. 23*(2). Doi: 10.1097/MED.0000000000000227

Saldana, J., (2021). The Coding Manual for Qualitative Researchers (4th ed.). Sage Publications.

Sanjari, M., Bahramnezhad, F., Khoshnava Fomani, F., Shoghi, M., & Cheraghi, M.A., (2014). Ethical challenges of researchers in qualitative studies: the necessity to develop a specific guideline. *Journal of Medical Ethics and History of Medicine. 7*(140. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4263394/

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C., (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality and Quantity. 52(4). Doi: 10.1007/s111135-017-0574-8.*

Sedlak, C., Roller, C.G., van Dulmen, M., Alharbi, H., Sanata, J., Leifson, M., Veney, A., Alhawatmeh, H., & O'Bryahn-Doheny, M. (2016). Health care services for transgender individuals: Position statement. *American Academy of Nursing on Policy. 64*(5). Doi: 10.1016/j.outlook.2016.07.002.

Simbar, M., Nazapour, S., Mirzababaie, M., Emam, H., Ramezani, T., & Alavi, M. (2018). Quality of life and body image of individuals with gender dysphoria. *Journal of sex & Marital Therapy. 44*(6). DOI: 10.1080/0092623x.2017.1419392.

Spetz, J., Chu, L., Jura, M., & Miller (2017). California Board of Registered Nursing 2016 survey of registered nurses. *Healthforce Center at UCSF*. Retrieved from: CA Board of Registered Nursing 2016 Survey of Registered Nurses | Healthforce Center at UCSF

State of California (2021). California Board of Registered Nursing – Monthly Statistics. Retrieved from: Monthly Statistics (ca.gov)

Statistic Solutions (2022). What is trustworthiness in qualitative research? Retrieved from: https://www.statisticssolutions.com/what-is-trustworthiness-in-qualitative-research/

Strong, K. & Folse, V. (2015). Assessing undergraduate nursing students' knowledge, and cultural competence in caring for lesbian, gay, bisexual, and transgender patients. *J Nurs Educ. 54*(1). Doi: 10.3928/01484834-20141224-7.

Strong, M., (2016). Maintaining clinical competency is your responsibility. American Nurse ANA. Retrieved from: Layout 1 (myamericannurse.com)

Stroumsa, D., Shires, D., Richardson, C., Jaffee, K., & Woodford, M., (2019). Transphobia rather than education predicts provider knowledge of transgender healthcare. *Medical Education. 53*. P. 398-407. Doi: 10.1111/medu.13796.

Surmiak, A., (2019). Should we maintain or break confidentiality? The choices made by social researchers in the context of law violation and harm. *Journal of Academic Ethics*. *18*(2). https://doi.org/10.1007/s10805-019-09336-2.

Taquette, S., & Borges da Matta Souza, L.M., (2022). Ethical dilemmas in qualitative research: A critical literature review. *International Journal of Qualitative Methods. 21*. https://doi.org/10.1177/16094069221078731

Teti, M., Kerr, S., Bauerband, L.A., Koegler, E., & Graves, R., (2021). A qualitative scoping review of transgender and gender non-conforming people's physical healthcare experiences and needs. *Public Health. 9*(598455). https://doi.org/10.3389/fpubh.2021.598455t

Tenny, S., Brannan, GD., Brannan, JM., & Sharts-Hopko, NC., (2021). Qualitative Study. StatPearls Publishing. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/29262162/

Traister, T. (2020). Improving LGBTQ cultural competence of RNs through education. *The Journal of Continuing Education in Nursing. 51*(8). Doi: 10.3928/00220124-20200716-05.

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T., (2018). Characterizing and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology. 18*(148). Doi: https://doi.org/10.1186/s12874-018-0594-7.

Wang, T., & Cahill, S., (2018). Antitransgender political backlash threatens health and access to care. *American Journal of Public Health.* Vol. 108(5). https://doi.org/10.2105/AJPH.2018.304359.

White, B.P., & Fontenot, H.B., (2019). Transgender and non-conforming persons' mental healthcare experience: An integrative review. *Archives of Psychiatric Nursing. 33*(2). 203-210. Doi: 10.1016/j.apnu.2019.01.005.

Whitwood, A., (2021). Transgender stars who transitioned after they were famous. Retrieved from: https://discovernet.io/2021/05/31/transgender-stars-who-transitioned-after-they-were-famous/

Williams Institute (2016). How many adults identify as transgender in the United States? Retrieved from: Trans-Adults-US-Aug-2016.pdf (ucla.edu).

World Population Review (2022). Retrieved from: https://worldpopulationreview.com/state-rankings/transgender-population-by-stateTransgenderism

Worthen, M., (2019). Lili Elbe Biography. *The Biography.com Website, A&E Television Networks.* Retrieved from: https://www.biography.com/artist/lili-elbe

Wyckoff, E. (2019). LGBT cultural competence of acute care nursing. *Journal for Nurses in Professional Development. 35*(3). 125-131. Doi: 10.1097/NND.0000000000000524.

Yu, L., Feng, X., Jin, L., Wang, S., Liu, H., & Song, L. (2021). Assessment of cultural competence among nurses: The need of hour. *Alternative Therapies, 27*(1).

Retrieved from: Assessment of Cultural Competence Among Nurses: The need of hour.: @Walden University Library (waldenulibrary.org)

Ziegler, E. (2020). The integral role of nurses in primary care for transgender people: A qualitative study. *Journal of Nursing Management*. 29(1). Doi: https://doiorg.ezp.waldenulibrry.org/10.1111/johm.13190

Appendix A: Interview Guide

Date of Interview:	
Start Time:	
End Time:	
Participant ID Code:	
Recording Instrument:	EVISRT V 508 Audio Recorder / Zoom

Hello, and thank you for volunteering to be part of this study. Your time is valuable, and I respect that. Your contribution to participate in this study is a contribution for the greater good, for both nursing science, and transgender healthcare. This study intent is to explore the knowledge of medical surgical nurses about the healthcare of the transitioning transgender population.

To help me with the analysis of the data collected, the interview will be audio recorded, and will allow me to transcribe each interview. You are entitled to a copy of your transcript if you choose, so you can check it for accuracy prior to my coding process. Once the transcripts are completed and verified, the digital audio taping will be deleted, but the transcript will be stored securely for five years, as university regulations require this timeline, before transcripts may be destroyed.

The interview questions are specific to explore your nursing knowledge of the healthcare aspects of the transitioning transgender. The purpose is to learn if nursing needs further education for this phenomenon, or if the education is sufficient to give competent care to the transgender population. You are free to ask any questions along the interview, and, free to express any opinion. All of this interview will remain confidential, including your identity.

This interview will take approximately 30-60 minutes of your time, and if for any reason you would like to withdraw, you may do so without penalty, up until the end of the interview.

Any questions before we begin?

1. What are your thoughts about a transgender adult undergoing transition service?
2. What experiences affects your ability (if any), to care for a transgender patient undergoing transition service? (Can you tell me more about that).

3. What education or classes have you had about care for the transgender patient who is undergoing transitioning, either medical or surgical procedure, if any?
4. What can you tell me about a transgender patient that is or will go through procedure to change their gender? (Example – laboratory, Xray, or other?
5. Regarding the medical transition process, can you tell me what you know about the medical part of a transitioning female to male transgender healthcare needs?
6. And what about a male to female, medical healthcare needs?
7. Regarding the surgical transition process, can you tell me what you know about the surgical options a of a transgender patient,
    - male to female surgical healthcare needs?
    - And a female to male surgical healthcare needs?
8. Explain what you would monitor if you had a patient?
    - female to male transitioned patient?
    - A male to female patient transition?
9. What considerations concerning laboratory values would you look for?
    - Male to female,
    - Female to male?
10. What considerations concerning radiographic tests would you look for?

- Male to female?
- Female to male?

11. Is there anything you would like to add?
12. Do you have any questions?

Conclusion: Thank you for participating in this important study, your time is appreciated, and the information gathered will improve nursing science and hopefully reduce the health disparities of the transitioning transgender population, you are an agent of change, simply by giving your time and valuable input. Would you like to have a copy of your transcript to check its accuracy?

Appendix B: Observation Record Sheet

Date of Interview:

Participant Identification code:

Question 1.

Question 2.

Question 3.

Question 4.

Question 5.

Question 6.

Question 7.

Question 8.

Question 9.

Appendix C: Demographic Survey

1. Age
    a. 21-30
    b. 31-40
    c. 41-50
    d. 51+
2. Gender:
    a. Male
    b. Female
    c. Choose not to disclose
3. Nursing degree
    a. Associate / diploma
    b. BSN
    c. MSN
    d. Doctorate
4. Years working as a medical surgical nurse
    a. 1-3
    b. 4-7
    c. 8-10
    d. 11 or more
5. Experience or education on transgender transitioning healthcare?

6. Have you ever identified as a transgender or diagnosed with gender dysphoria?
7. Do you have any close friends or relatives that identify with a transgender?

Appendix D: Recruitment Flyer.

Seeking medical surgical licensed registered nurses in Southwestern United States to volunteer for an interview for a PhD Research study

A new study to explore what medical surgical registered nurses' knowledge is about caring for transitioning transgender patients to begin approximately July 1 -and completed by July 30, 2022.

About volunteering for this study:

- Inclusion: You will need to speak English and be a licensed registered nurse and employed on a medical surgical unit in the Southwestern part of the United States.
- Exclusion: You must not identify as a transgender, nor have close friends or family members who identify as a transgender.
- Time required: a 30–60-minute phone call, zoom meeting, or face to face meeting to answer questions.
- Your identity will remain confidential.
- You may withdraw from the study at any time.
- A $5.00 In and Out Burger or Starbucks gift card will be given following each completed interview.

Nurses are the heart of healthcare, your participation may contribute to science of nursing and improve the education needs of registered nurses, as well as improve the healthcare disparities of the transgender population.

Please contact: Elizabeth Kempt @ Elizabeth.kempt@waldenu.edu or phone or text 714-600-5850, for questions or to volunteer for this study.