

Student and Faculty Perspectives of Gender Inclusive and Affirming Practices  
in Undergraduate Nursing Education

by

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## Abstract

**Background:** Transgender and gender diverse people have unique healthcare needs, which can be addressed through the provision of gender affirming care. Nurses, the largest healthcare workforce, can help meet this need. Further, nursing schools produce thousands of nurses annually, and thus are critical sites to address gender affirming care meaningfully. Yet how gender affirming care is being taught in undergraduate nursing education is unclear. Three levels of curriculum (formal, informal, and hidden) influence students' learning about equitable care for transgender and gender diverse patients, as well as nursing students and educators. Currently, there is no nursing research on the state of transgender and gender diverse education across the three levels of curriculum (called gender inclusive and affirming practices).

**Purpose:** This thesis aimed to explore gender inclusive and affirming practices across undergraduate nursing education in Canada. Three objectives guided the paper-based thesis: 1) to map evidence of gender inclusive and affirming practices in undergraduate nursing education literature; 2) to explore gender inclusive and affirming practices within schools of nursing in Canada; and 3) to (re)vision gender inclusive and affirming practices for nursing education.

**Methods:** To commence this work, a scoping review, which included scholarly articles (n=47) and a search of schools of nursing websites (n=22), was conducted to map the literature on gender inclusive and affirming practices in undergraduate nursing education. As informed by the scoping review and drawing queer theory and Hafferty's three levels of curriculum, an interpretive description study explored the perspectives of undergraduate nursing students and educators in Canada. Data collection included initial and follow-up semi-structured focus groups with students (n=18) and interviews with educators (n=7).

**Findings:** Results from this thesis indicate that nursing education is cisnormative across all levels of curriculum. Cisnormativity – the normalization of cisgender/non-transgender people and othering of transgender and gender diverse people – is perpetuated in nursing education when gender affirming care is set to the fringes (formal); when language remains highly gendered, or pronouns are not used (informal); or when there is no transvisibility or limited access to gender inclusive washrooms (hidden). Some consequences of cisnormativity include nursing students not feeling prepared to care for transgender and gender diverse people, nurse educators not being prepared to teach this content, and transgender and gender diverse students being othered.

**Conclusions:** Multi-level action to disrupt cisnormativity is needed within and beyond nursing education. Schools of nursing can support faculty development in gender inclusive and affirming practices and create safer, more representative and inclusive environments. Nursing governing bodies can create explicit requirements for gender inclusive and affirming practices in accreditation and licensing processes.

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## **Dedication**

To the beings who don't know gender.

To the beings who redefine gender.

To the beings who defy gender.

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## **Chapter 1: Introduction**

Nursing education is intended to provide the knowledge and skills for the next generation of nurses to provide equitable patient care (Canadian Nurses Association, 2017). Moreover, schools of nursing (SONs) are responsible for being both a place of and educating about equity, diversity, and inclusion (Canadian Association of Schools of Nursing, 2020). While gender affirming care in formal curriculum is imperative (Cicero et al., 2024), there are increasing calls to action to create gender inclusive and affirming SONs via relationships between and within students and educators (informal curriculum), as well as the culture and environments of SONs (hidden curriculum) (Kellett & Fitton, 2017; Moore et al., 2023). A burgeoning body of evidence indicates that SONs have begun to include LGBT (lesbian, gay, bisexual, transgender) content in the formal curriculum (Lim et al., 2015; Sherman et al., 2023), however, how SONs incorporate this content is largely unknown (Shortall, 2019). Furthermore, our understanding of gender affirming care education in undergraduate nursing is even more disparaging (Lim et al., 2015; Shortall, 2019), with strong uncertainty regarding how the informal and hidden curriculum are addressed (Hafferty, 1998). For instance, there is minimal research exploring the experiences of students learning and educators teaching transgender and gender diverse (TGD) content (Moore et al., 2023; Priddle et al., 2023). This study hopes to explore these gaps to inform the inclusion and affirmation of gender diversity across the formal, informal, and hidden curriculum levels (gender inclusive and affirming practices) within SONs in Canada.

### **Outline of Introduction Chapter**

To begin the introductory chapter to this paper-based thesis, I first define foundational concepts pertaining to gender inclusive and affirming practices. Then, I situate myself in proximity to the research as a white settler, TGD registered nurse. I present a brief review of the

literature on gender inclusive and affirming practices in undergraduate nursing education, framing the research problem and objectives. I describe the chosen methodology and theoretical frameworks and provide an overview of the organization of the paper-based thesis. To conclude the chapter, I highlight the significance of the study.

### **Definitions of Foundational Concepts**

Our society has worked hard to maintain standards about who and what are considered *normal* (Foucault, 1978), as such, many people find gender and related terminology confusing and overwhelming. To support the reader, this section outlines common concepts explored in this thesis, laying the foundations of this study. However, as I write these words, they may be simultaneously changing: Language is always changing and growing as our understanding (and society) changes. While the evolution of language is not exclusive to gender diverse people, there remains a risk that some of the terms used in this thesis may become outdated. Even at the time of writing, there were a variety of terms used interchangeably for some of the key concepts (i.e., gender diverse vs. gender non-conforming vs. gender expansive or transphobia vs. anti-trans discrimination vs. transmisia vs. cissexism) (Crawford, Schultz, & Chernomas, 2023).

Attending to the constant evolutionary nature (and force) of language is important, it is equally important to consider and account for the context of writing (McCann & Monaghan, 2020). For this thesis, I have done my best to mirror and reflect the language that is used in both my local context (the queer and TGD community in colonial Winnipeg, Manitoba, Canada in 2024) and the language used by TGD participants in this study. In addition, the language and larger context in which nursing education and TGD people are situated in 2024 colonial Canada will be exposed throughout this thesis. To the reader, I encourage caution, care, and attentiveness when interpreting and drawing from this body of work.

## **Key Concepts to Differentiate**

Sex, sexuality, and gender are three terms that represent distinct components of a person's identity. It is important to understand the distinction between each of these terms to best understand this work. (Of note, there are many other identity components not discussed here.)

### ***Sex Assigned at Birth***

Often referred to as *sex*. Sex is usually limited to binary male or female and assigned at birth based on the presence or absence of a penis. Sex is distinct from gender in that it is determined based on five sex traits: genitals, chromosomes, gonads, hormones, and internal reproductive organs (The Fenway Institute, 2020). As our understanding of sex expands, recognition and affirming care for intersex people (those who have variations in sex traits) becomes an increasing priority. It is important to note that sex traits can change over time for many reasons, including gender affirmation and/or healthcare needs.

### ***Sexuality***

Sexuality or sexual orientation is often thought of as one's sexual attraction, only, but is much more complex. For instance, sexuality is also composed of romantic attraction and sexual behaviour (Stewart et al., 2019). For some people, their sexual and romantic attractions are aligned and unchanging. For others, there is a dissonance between or absence of sexual and/or romantic attraction. Some people also have sexualities that differ from societal expectations of heterosexuality (McCann & Monaghan, 2020), such as people who use the labels lesbian, gay, bisexual, asexual, aromantic, panromantic, pansexual, queer, etc. Myriad sexualities exist outside of the prescribed heterosexuality. Sexuality does not determine your gender and is not determined by your sex.

### ***Gender***

Gender is composed of several distinct components – gender identity (how we think about our gender), gender expression (how we express our gender through clothing, language, etc.), and gender reception (how other people view our gender), to name a few. Sometimes, these components are in alignment with one’s sex (as is the case for non-transgender or cisgender people), and other times, not (like for transgender people). Like sex and sexuality, gender can change over time. There are many terms used to describe a person’s gender, and there are evolving terms that people claim as their gender identity. Still, some people do not use any labels.

**Cisgender.** Someone whose gender identity matches their sex/gender assigned at birth (Schall & Moses, 2023). May also be referred to as non-transgender.

**Transgender.** An umbrella term for someone whose gender identity does not match their sex/gender assigned at birth (Coleman et al., 2022).

**Gender Diverse.** An umbrella term for someone whose gender identity does not match their sex/gender assigned at birth and whose gender identity is not strictly binary man/woman (Coleman et al., 2022). Some labels people may use include queer, non-binary, genderfluid, agender, demigender, etc. While there are many terms to denote the wealth of genders (i.e., gender non-conforming, gender expansive), I chose *gender diverse* based on context, familiarity, and my personal preference for the term. Further, throughout my thesis, no information came to light indicating the use of one term over another.

## **Theoretical Related Terminology**

### ***Queer Theory***

Queer theory is a theoretical perspective which brings to light and challenges societal norms, structures of power, and forms of othering (McCann & Monaghan, 2020). Queer theory is

rooted in interrogating and problematizing societal norms, initially surrounding sexuality (Foucault, 1978). Queer theory has evolved and branched out into several areas including gender theory, disability studies, and critical race perspectives (McCann & Monaghan, 2020). Queer theory will be defined more in the theoretical frameworks section of this chapter, and Chapters 3 and 4.

**Cisnormativity.** This is the assumption that everyone’s gender identity matches their sex assigned at birth of binary male/female or man/woman, or “the automatic, unconscious beliefs and expectations that each individual is socialized with starting in childhood that reinforce cisgender identities as the ideal norm” (McGeorge et al., 2021, p. 788). Cisnormativity will be discussed more in Chapters 3-5.

**Transphobia.** “Refers to negative attitudes, beliefs, and actions concerning transgender and gender diverse people as a group” (Coleman et al., 2022, p. 253). Transphobia includes discrimination, prejudice, cisnormativity, stigma, and erasure (Crawford, Schultz, & Chernomas, 2023). Transphobia may be overlooked because of the hidden and pervasive nature of cisnormativity. In this way, cisnormativity and transphobia overlap.

**Gender Affirming Care.** Gender affirming care is a practice of affirming and validating one’s gender. It is often used to refer to TGD-specific medical care, but this form of care is increasingly beneficial for people of all genders (Rivera, 2019; Soled et al., 2022). In the context of this work, gender affirming care as a concept preceded gender inclusive and affirming practices.

### ***Three Levels of Curriculum***

The three levels of curriculum, as proposed by Hafferty (1998), offer a framework to view the many ways in which students learn, in particular, what is deemed important. The formal

curriculum refers to the planned and intended learning, which often occurs in the classroom; the informal curriculum pertains to learning from relationships and role modelling; and the hidden curriculum refers to the culture, environment, and values of an institution. The three levels of curriculum will be highlighted in the theoretical frameworks section of this chapter and all subsequent chapters.

### ***Gender Inclusive and Affirming Practices***

The language of *gender inclusive and affirming practices* was created as part of this thesis work as a guiding conceptual framework, integrating both queer theory and the three levels of curriculum. Gender inclusive refers to the normalization of and inclusion of all genders (Chu et al., 2023), while affirmation promotes strengthening, uplifting, and validating all genders (Reisner et al., 2016). Gender inclusive and affirming practices will be discussed further in the theoretical frameworks section and all chapters.

### **Positionality**

Typically, I provide a statement of positionality, outlining my various identities and power in context to my work, earlier on in papers. However, I felt that readers needed to understand some key terminology related to gender diversity and have a grasp on the current context around TGD healthcare and nursing education, thus making my positionality more intelligible and meaningful. I also want to use this space as a reflective pause for myself and the reader: This section is all of a positionality, a reflection, a promise, a tribute, and a dedication.

Firstly, I situate myself as a white settler uninvited guest who has lived, laughed, learned, and loved on many traditional First Nation's territories in present-day Ontario and Manitoba. Much of this work was conceptualized on Treaty 3, the Traditional Territory of the Obishikokaang Ojibwe Nation, and the moss and lichen-filled Boreal Shield. The research for

this thesis was conducted from where I currently write from, on Treaty 1, the Traditional Territory of Anishinaabeg, Ininiwak, Anisininewuk, Dakota Oyate, Dene, and Homeland of the Red River Métis. The water that sustains me comes from Shoal Lake #40. The vast Prairie soil, winters, sky, and Bison spirits have grounded and guided me.

Situating myself as a white settler first and foremost is vital because of the unearned power and privilege my whiteness has afforded me since before birth. This privilege stems from both my German ancestry (post-WWII immigrants) and some 384 years of British settler ancestry on Turtle Island – I am the 13<sup>th</sup> generation of my British ancestry to have carved up the land. There are known and written reports of my ancestors engaging with Indigenous people, including in violent acts. I wonder about other acts of colonialism, violence, disease, displacement, racism, and genocide my ancestors inflicted. I wonder too about my ancestors' displays of humility, bravery, honesty, wisdom, truth, respect, and love – for Indigenous people and the land. These are the 7 Grandfather Teachings that I learned from the Anishinaabe during my time as a nursing student at the First Nations School of Toronto (now the Kapapamahchakwew - Wandering Spirit School). I think about my responsibilities to the land, the people, and the future generations, and seek to learn always from Indigenous partners and land and water defenders.

I situate myself as a white settler too for the beliefs and *values* brought over by my colonial ancestry, particularly regarding gender and sexuality. And here I bring attention once again to the Indigenous people of this land, who, before settler colonialism, had a rich diversity of genders and sexualities in connection with culture. There were many different terms used across many different Indigenous languages, with many unique roles and interactions between sexuality, gender, and culture. I cannot speak for any of these as a non-Indigenous person. But I

do pay tribute to the pathways that, what I/we know now as 2Spirit people, Indigenous people have outlined regarding gender and sexual diversity (Hunt, 2016). In this way, I acknowledge that we – gender and sexually diverse people – have always existed. They/we have existed for as long as people have roamed the earth. (Throughout this thesis, I often refer to TGD people as “they” to conform with academic writing forms, but in many cases, “they” could have been written as “we”, as I share many of the experiences discussed throughout this thesis). These ways of being and knowing have created space for me to be authentic, as a queer, trans, and nonbinary person. For me, I use these terms: queer meaning diverse sexuality; trans meaning transgender or whose assigned sex does not align with their gender; and nonbinary meaning beyond, free from labels of binary man and woman. To what English calls gender and sexually diverse people, I am ever in debt to those diverse trailblazers who are Indigenous, Black, Brown, People of Colour, disabled, and fat. To those who have lost their lives and freedom because of who they are – I am forever beholden.

To add context to my positionality, I am a Registered Nurse. Throughout my undergraduate nursing degree, I had one hour of education on TGD people by a white transwoman (Crawford, 2022b). In clinical placements, I was exposed to TGD people and heard discriminatory and transphobic comments from colleagues to which others would join in and laugh. I had no tools (and little power) to address these. I did not even understand who TGD people were. My undergraduate nursing education in colonial Canada did not prepare me to care for TGD people. Further, I did not know of any gender diverse peers or educators. I did not know of support for gender exploration, even the term nonbinary or gender diverse. I *found* nonbinary during a world pandemic pause and solitude. I am left wondering if I would have *found* myself sooner if nursing school had allowed gender exploration, reflection, or at least learning. I

continue to experience how nursing remains ambivalent about how to support TGD nurses/students.

All these positionalities (and more) influence how I navigate(d) the world and this research. The reader needs to consider these identities, while certainly not the only identities I *see* with, are the most pertinent for the research undertaken. Inherent in research is bias; however, as will be outlined in subsequent sections, the methodological approach of interpretive description further purports that theoretical forestructure, analytic logic, and interpretive authority are crucial to credible, rigorous research (Thorne, 2016). So, I outline my positionalities here and will continue to outline my logic and processing throughout this thesis.

### **Review of the Literature**

There have been several recommendations to embed gender affirming care in nursing education (Cicero et al., 2024; Klepper et al., 2022; Rainbow Nursing Interest Group., 2021). Much of the focus on TGD health in nursing education has been encapsulated under LGBT+ care (Lim et al., 2015; Priddle et al., 2023; Shortall, 2019), which assumes that people with diverse sexualities and genders have the same care needs. Only in the past five years has nursing education really begun to address the specificity of gender affirming care (Altmiller et al., 2023; Ness et al., 2023; Sherman et al., 2021). This shift is vital because TGD people have vastly different care needs than those with diverse sexualities, which can include social affirmation, psychological affirmation, legal affirmation, and/or medical affirmation (Cicero et al., 2024; Coleman et al., 2022). While cisnormativity continues to create challenges to obtaining accurate population data on TGD people (Coleman et al., 2022), as the TGD population continues to grow and increases in visibility, it is highly probable nurses will care for TGD people (Cicero et al., 2024). As such, nursing education has a responsibility to prepare nursing students to care for the

unique needs of TGD people.

Nursing education to date has focused gender affirming care efforts primarily on one-time education sessions such as simulation (Díaz et al., 2017; Jordan, 2023; Ozkara San, 2020), indicating the curriculum focuses on cisgender care. While being exposed to gender affirming care content at least once in undergraduate education may offer some perspective to students (Garcia-Acosta et al., 2019), these instances are also fraught with misinformation and cisnormativity. Often unintentional, misinformation includes conflating sex, sexuality, and gender concepts and stigmatizing TGD people as ill (Pittiglio & Lidtke, 2021; Stockmann & Diaz, 2017). Reviews of undergraduate nursing textbooks report similar concerns, highlighting problematic language use, rigid gender binaries, and medicalizing of TGD people (Klepper et al., 2023; Ray King et al., 2021). What's more, the literature on interventions in SONs in Canada is minimal (Henriquez et al., 2019; Luctkar-Flude et al., 2020). The erasure of gender diversity extends further when we consider the erasure of intersecting identities such as TGD people of colour (McCann & Monaghan, 2020; McGibbon, 2021). Since education shapes the experiences and values of students (Gordon et al., 2021), nursing education remaining cisnormative negatively impacts the quality of nursing care for TGD patients. When misinformation and stigma are present in the learning material and environments, these structures of power and knowledge about gender become embedded and implicit in nursing (Crawford, Schultz, & Chernomas, 2023; Durocher & Caxaj, 2022).

While SONs continue to struggle to embed meaningful formal gender affirming care education throughout all years of undergraduate nursing programs, they are also up against the structures which dictate nursing education. In Canada, nursing education is governed by several regulatory bodies, including provincial/territorial (and sometimes national) accreditors, licensing

bodies, and the National Council Licensure Examination (NCLEX) (Almost, 2021). At the time of writing, no regulatory body explicitly named gender affirming care as a standard or requirement for entry-to-practice nurses. The absence of requirements for SONs to teach gender affirming care education has far-reaching impacts. For instance, students may be prejudiced towards TGD people, unaware of TGD people, hesitant to discuss TGD people, or uncertain of their care needs – all of which are potential indications of being underprepared to care for TGD people (García-Acosta et al., 2020; Montes-Galdeano et al., 2021; Pinto et al., 2023). Yet, even if there were standard requirements, nurse educators are limited in their knowledge and resources to integrate gender affirming care into formal education (Moore et al., 2023; Nye et al., 2024; Webb & Zablocki, 2023).

Given the challenges to implementing gender affirming care in undergraduate nursing education, it is unsurprising that there are gaps in the nursing literature regarding gender affirming care. Despite an estimated 1,000 TGD undergraduate nursing students in Canada (Ziegler, 2022), TGD nursing students (and educators) are invisible in the literature. As nursing continues to grow, diverse representation within the profession is vital (Hamzavi & Brown, 2023; Kellett & Fitton, 2017; Klepper et al., 2022). Understanding the experiences of TGD nurses can help advance our collective consciousness and improve nursing education, research, and practice. On top of calls for gender affirming care, appeals to ensure safe and inclusive working and learning environments for TGD nursing peers (including students and nurse educators) are growing (Canadian Nursing Students' Association, n.d.; Kellett & Fitton, 2017; Rickards, 2019).

The representation of TGD people in nursing education is relatively undefined. While there are increasing reports of single-instance interventions to teach gender affirming care,

uncertainty remains in how students and educators experience this learning and teaching, respectively. Further, as learning is multi-faceted, students learn professional values beyond the classroom space, such as through interactions, policies, and environments (Raso et al., 2019). Much less is known about how TGD people are represented in these informal and hidden curriculum spaces, let alone how TGD people in nursing experience these spaces. Foundational knowledge of the aforementioned experiences may also provide insight into developing nursing education toward gender inclusive and affirming practices.

### **Research Objectives**

The purpose of this study was to explore student and educator perspectives and experiences of gender inclusive and affirming practices in undergraduate nursing schools in Canada, to:

1. Map what is currently known about gender inclusive and affirming practices in undergraduate nursing education literature;
2. Explore gender inclusive and affirming practices within schools of nursing across the (a) formal, (b) informal, and (c) hidden curriculum levels;
3. (Re)vision gender inclusive and affirming practices for nursing education.

### **Methodology**

To address the gap and associated research objectives, an interpretive description approach was selected (Thorne, 2016), in conjunction with critical lenses of queer theory (McCann & Monaghan, 2020) and the three levels of curriculum theory (Hafferty, 1998). Interpretive description (Thorne, 2016) was chosen as it is a logic-based approach to bridge the theory-practice gap for applied health disciplines like nursing. Its ability to (re)align philosophical underpinnings within nursing and its inclusion of social and contextual factors

make it an influential methodology to frame this study (Thorne, 2016). Interpretive description is flexible and allows for data collection and analysis to occur simultaneously, which can influence and enhance the study design in real time (Thorne, 2016). Additionally, interpretive description prioritizes ongoing critical self-reflection, including the impact of one's discipline and personal experiences, to position the researcher throughout the entirety of a study (Thorne, 2016).

The philosophical assumptions of the present study are in alignment with those of interpretive description, the discipline of nursing, and queer theory. This includes viewing the researcher as inherently connected and influencing knowledge; the existence of multiple truths; recognition of the influence of contextual and societal factors on knowledge and reality and acknowledging that these can change over time; the importance of subjective and experiential knowledge; and lastly, that participants are seen as valued members of the research study (Butler, 1990; Thorne, 2016). An interpretive description paired with queer theory seeks to heighten our collective awareness of experiences and phenomena that are often hidden – as in gender inclusive and affirming practices in undergraduate nursing education – allowing for increased accessibility and understanding of the phenomena (Thorne, 2016; Thorne et al., 2004).

In this study, interpretive description has afforded reasonable and trustworthy procedures to guide the research project. For instance, it influenced the research question and helped facilitate decisions about data collection such as sampling and participants. Interpretive description also guided analysis, which co-occurred with data collection, involving inductive and deductive coding, creative coding (concept mapping), constant comparison, and attention to the context of the data (Thorne, 2004, p.7). Throughout the research process, considerations of rigor and credibility were constantly reviewed, as will be displayed in Chapters 3 and 4 (Thorne, 2004), and reflexivity was a mainstay. Through the latter chapters, evidence of interpretive

descriptions' quality considerations are present, including epistemological integrity, representative credibility, analytic logic, interpretive authority, moral defensibility, disciplinary relevance, pragmatic obligation, and probable truth (Thorne, 2016). Dissemination plans, already underway, include conference posters and presentations, scholarly meetings, journal publications, and a website resource (see Chapter 5). In keeping with interpretive description, the methods of knowledge transfer used are intended to support nursing education to be able to apply the findings in this context.

### **Theoretical Frameworks**

This study is guided by Hafferty's three levels of curriculum (Hafferty, 1998) and draws on queer theory (McCann & Monaghan, 2020). The combination of these two frameworks allowed for the expansion and creation of gender inclusive and affirming practices.

#### **Three Levels of Curriculum**

Hafferty's (1998) three levels of curriculum highlight three modalities of learning: the formal, informal, and hidden curriculum. The formal curriculum consists of the components of education that are intended to be taught. The informal curriculum is evident in the relationships "among and between faculty and students" (Hafferty, 1998, p. 404). Role models and leaders (students or educators) are influential at this level of curriculum and shape "what students come to know" (Hafferty, 1998, p. 404). The hidden curriculum, though concealed, disseminates messages about what is considered important and valuable, or conversely, unimportant and worth-less. The hidden curriculum is best noted in the policies (i.e., who is mentioned or missing from policies), evaluation strategies (i.e., what is being tested, who is being promoted), resource allocation (i.e., what is being funded), and institutional slang (i.e., what is included in the strategic plans) (Hafferty, 1998). Broadly speaking, the hidden curriculum is the culture and

environment that an institution has. The hidden curriculum can have positive and negative impacts on learners (Abbaspour et al., 2022) and educators.

These guiding levels of curriculum informed many decisions throughout the study. Sampling of students and educators was chosen because each holds valuable and different experiences across each level of curriculum. As such, the interview questions drew on this framework to draw out the experiences of participants at each level of curriculum. Data analysis included looking for the presence of the three levels of curriculum. In presenting findings, outlining the experiences across three levels of curriculum is a helpful framing to make visible the informal and hidden curriculum and provide strategies to address these often-concealed levels.

### **Queer Theory**

*Queer theory* (McCann & Monaghan, 2020) is a critical theoretical perspective, originally applied to sexuality, expanding into gender, and now with a wide range of applications. Across all uses of queer theory, core concepts are challenged, such as norms, hierarchies, and power (Nye et al., 2023). Queer theory provides the tools (i.e., language and a critical lens) to acknowledge the impact of social constructs, power relations, and oppression (McCann & Monaghan, 2020). For instance, naming cisnormativity as a system that governs norms around gender within healthcare and nursing, allows the identification of that which needs to be made visible and disrupted to advance gender inclusive and affirming practices. These tools help us to “identify, challenge, and critique societal norms, allowing us to begin to resist norms, and even radically reimagine a better future for all” (Crawford, 2022a, p. 6). Furthermore, queer theory encourages challenging individual and collective assumptions and norms (i.e., cisnormativity) and reminds us to be critical of who is missing from discussions (McCann &

Monaghan, 2020).

In this study, queer theory was used to inform many decisions. Queer theory helped form the basis of the objectives, looking for power, norms, and othering across the curriculum (Nye et al., 2023) and the exercise of *queering* and reimagining the future (McCann & Monaghan, 2020). Including student participants by recognizing their social power and position to that of educators was invaluable. The demographic questionnaire was developed to better understand who is present and absent from the study (power and oppression), and thus who is included/excluded in shaping the knowledge of this study (othering). The influence of queer theory was evident in the focus group/interview guides through the phrasing of questions (i.e., language, questioning norms) and in subsequent data collection. Analysis of focus groups included the overlay of power, norms, and othering (Nye et al., 2023), crucial to understanding TGD student experiences. Finally, the key values of reciprocity and empowerment of queer theory were used to honour and respect participants' knowledge and experiences. These values were enacted through (a) providing an honorarium to participants, (b) inviting participants to partake in knowledge translation activities, and (c) offering an opportunity for academic recognition, such as co-authorship (discussed in Chapter 5).

### **Gender Inclusive and Affirming Practices**

Gender inclusive and affirming practices are those that go beyond the healthcare setting and are seen in the structures of organizations, such as all-gendered and accessible washrooms, neutral and inclusive language, and diversity of staff. Gender inclusive and affirming practices work to dismantle cisnormativity (McGeorge et al., 2021) by encouraging nurses to critically reflect on their assumptions about people and bodies, respect the fluidity and vastness of gender, and dismantle normative structures of sex and gender (Crawford, 2022a; Reisner et al., 2016).

Gender inclusive and affirming practices are those practices that include, validate, and support someone's gender (Reisner et al., 2016). The benefits of gender inclusive and affirming practices include breaking down stereotypes, diminishing assumptions, normalizing gender diversity, and promoting equity across all genders. Within SONs, gender inclusive and affirming practices include building and fostering SONs that are inclusive and supportive of people of all genders (Kellett & Fitton, 2017). Prioritizing gender inclusive and affirming practices supports current TGD nurse educators and students and enhances gender affirming care provision by the next generation of nurses. To achieve gender inclusive and affirming practices in nursing education, sustainable change must occur in the classroom, within relationships, and in the culture and environment institutions. This study sought to honour the history of advocacy from the Canadian Nursing Students' Association (2021) in the area of gender inclusive and affirming practices by inviting students to participate through this organization. Interview questions and data analysis and synthesis centred around gender inclusive and affirming practices. Gender inclusive and affirming practices are explained more throughout each subsequent chapter.

### **Structure of the Paper-based Thesis**

There is an eagerness for advancing gender affirming care education in nursing education. This was evident throughout this thesis by growing opportunities in this realm, such as the creation of CASN's Committee on Advancing Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC) Equity and Success. Throughout these settings, I have introduced gender inclusive and affirming practices, which has further increased the desire to improve nursing education, not just for TGD patients receiving nursing care, but for TGD nurses and students among us. So, in an effort to accelerate knowledge dissemination, a paper-based thesis modality was selected. The sections below provide an overview of the chapters of

this thesis.

## **Chapter 2: Gender Inclusive and Affirming Practices Across Undergraduate Nursing**

### **Curriculum: A Scoping Review**

To address the first objective of mapping gender inclusive and affirming practices in undergraduate nursing education, a scoping review was completed. Scoping reviews allow the mapping of an understudied topic (Arksey & O'Malley, 2005; Levac et al., 2010). This scoping review was built from the previously published protocol paper (Crawford, Schultz, Linton, et al., 2023) which focused on gender affirming care, to integrate the three levels of curriculum. This development allowed for the generation of gender inclusive and affirming practices. This is an important shift as it informed the subsequent interpretive description study by way of refining study objectives, and enhanced data collection (i.e., adjusting or affirming the interview guides), data analysis (i.e., comparing scoping review findings to participant experiences), and overall exploration of power, norms, and othering.

Peer-reviewed literature and SON websites were searched for evidence of gender inclusive and affirming practices, offering insight into the three levels of curriculum through a narrative review. The review sought to expand our collective awareness beyond gender affirming care, which is just burgeoning, and encourage recognition of the holistic nature and requirements of gender inclusive and affirming practices. This paper is a published, open-access article in *Nurse Education Today*.

## **Chapter 3: “It’s Very Cisnormatively Structured”: An Interpretive Description of Canadian Undergraduate Nursing Students’ Experiences of Gender Inclusive and Affirming Practices Within Their Schools of Nursing**

The objectives of this study was to both explore student experiences with gender inclusive and affirming practices within schools of nursing across the three levels of curriculum (Hafferty, 1998) and to reimagine how these practices can grow in nursing education. Guided by interpretive description (Thorne, 2016) and queer theory (McCann & Monaghan, 2020), these objectives were addressed primarily by focus groups with undergraduate nursing students across Canada. Student participants (n=18) were invited to participate in two focus groups (or interviews, by request). Findings indicated that cisnormativity reverberated across student experiences in undergraduate nursing education in Canada. Notably, almost half of the student participants were TGD. TGD nursing student participants reported greater recognition of the harms of cisnormativity as it prevailed across all three levels of curriculum. Follow-up interviews prioritized revisioning, where students offered recommendations to advance gender inclusive and affirming practices. The findings of student experiences and their recommendations provide invaluable insights and starting points into disrupting cisnormativity in undergraduate nursing education.

#### **Chapter 4: “How are people going to teach this if they don’t know about it?”:**

##### **Undergraduate Nursing Educators’ Experiences with Gender Inclusive and Affirming Practices**

The objectives of this study are akin to those of Chapter 3, however, here the focus is on nurse educators’ experiences and recommendations for gender inclusive and affirming care. This portion of the interpretive description study invited educators (n=7) to participate in initial and follow-up interviews. Findings from educators’ experiences were focused on the formal aspects of gender inclusive and affirming care, namely, gender affirming care and their challenges in facilitating this content. The findings of this paper also highlighted the pervasiveness of

cisnormativity. Educator recommendations were centered around advancing gender affirming care into curriculum and nursing requirements more broadly. These findings provide strategies for advancing the formal curriculum on gender affirming care in nursing education.

## **Chapter 5: Discussion and Conclusion**

The concluding chapter coalesces findings from Chapters 2, 3, and 4, including outlining key contributions to nursing education in this area. This chapter will also discuss dissemination and knowledge translation strategies.

### **Significance**

TGD people exist everywhere, including among our patients and amongst nurses and nursing students. TGD people are an equity-deserving group, facing healthcare inequities in which the discipline of nursing has ethical and moral obligations to address. Nursing education is well-situated to foster gender affirming care provision to the next generation of nurses. Furthermore, nursing education spaces must offer safe, equitable environments that are inclusive and affirming of TGD people within these institutions. This study was undertaken to understand how/if SONs are addressing gender inclusive and affirming practices. Drawing on queer theory and guided by interpretive description, this thesis takes an imperative step towards raising nursing educational awareness of the needs of TGD patients (through how we educate nursing students), TGD nurses and students (through the three levels of curriculum), and recognizing cisnormativity to begin to disrupt its predominance. By drawing on and critically examining gender inclusive and affirming practices in nursing education, the future of SONs has been (re)visioned, encouraging the next generation of nurses to move with gender inclusive and affirming practices and promoting equity for TGD students and educators. As such, this thesis has been conducted as a small but imperative step to improve health equity for TGD people and

advance nursing education.

### **Chapter Summary**

In this introductory chapter, I provided an overview of TGD health and needs and how they intersect with nursing education. I outlined the research problem as it pertains to gender inclusive and affirming practices, defined key terms, and situated myself within the research. Guiding theoretical frameworks and methodology were described, and subsequent objectives were offered. Chapter summaries provide structure and an outline for this thesis.

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## Chapter 2: Gender Inclusive and Affirming Practices Across Undergraduate Nursing

### Curriculum: A Scoping Review

#### Preamble

Chapter 2 is a scoping review which specifically addresses the first objective, to map the literature of gender inclusive and affirming practices in undergraduate nursing education. To map these practices and reveal the informal and hidden curriculums, we explored scholarly literature and conducted a review of schools of nursing websites. This paper highlights the uptake of gender affirming care education in undergraduate nursing, including tangible ways educators are *doing* and how they are *thinking* about gender inclusive and affirming practices. This paper also illuminates critical gaps in the informal and hidden curriculums of undergraduate nursing in Canada and the USA. Recommendations across the three levels of curriculum are provided.

#### Author Contributions

The work for this paper began in a masters-level reading course, co-developed with Dr. Schultz, wherein a scoping review protocol was developed and published in *BMJ Open* as Crawford, J., Schultz, A. S. H., Linton, J., Kramer, M., & Ristock, J. (2023). Gender-affirming care in undergraduate nursing education: A scoping review protocol. *BMJ Open*, 13(3), 1–5. <http://dx.doi.org/10.1136/bmjopen-2022-070576>. It was at the protocol development stage that Janice Linton, a Health Sciences Librarian at the University of Manitoba, supported the development of a search strategy and helped run initial searches. Building from the published protocol, I led the team in all stages of the scoping review. Dr. Schultz assisted in a supervisory role as well as contributing to reviewing and editing the manuscript. I conceptualized the research questions, refined and ran the searches, screened studies for inclusion, designed the data

extraction tool, trained the second screener and extractor, conducted analysis and synthesis of results, and wrote and revised the manuscript. Adam Brandt, a Master of Nursing student researching 2SLGBTQIA+ nurses experiences, was the second reviewer of articles for selection, extraction, and analysis. Drs. Kramer and Ristock provided critical feedback and resources to support the final manuscript. All authors reviewed and edited the manuscript.

### **Appendices Associated with this Chapter:**

Appendix A – Search Strategy

Appendix B – Data Extraction Table

Appendix C – Resources by Type and Author

Appendix D – SON Website Search Diagram

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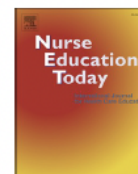
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## Gender inclusive and affirming practices across undergraduate nursing curriculum: A scoping review

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### ABSTRACT

**Objectives:** There are increasing calls for gender affirming care, yet there remains uncertainty as to how nursing education is preparing students. The purpose of this scoping review was to map gender inclusive and affirming practices across the three levels of curriculum (formal, informal, and hidden) in the education of undergraduate nursing students. This novel approach allows consideration of transgender and gender diverse nurses (students and educators).

**Design:** Scoping review as per Arksey and O'Malley and Levac et al.

**Data sources:** Four databases (Medline, Embase, CINAHL, and Scopus) were searched for literature that addressed transgender and gender diversity, discussed at any level of curriculum. In addition, we searched key schools of nursing websites for inclusion of gender inclusive and affirming practices in documents and faculty profiles. We limited our search of peer-reviewed articles and websites to those in English, from Canada and the USA.

**Review methods:** The article search and extraction were conducted by two independent reviewers while the school of nursing websites were searched by the lead author.

**Results:** Forty-seven articles were included and categorized as either (a) *Doing* ( $n = 32$ ) (formal, intervention-based) or (b) *Thinking* ( $n = 15$ ) (discussion- or evaluation-based) gender inclusive and affirming practices. Twenty-five of the intervention-based articles were single-instance occurrences of learning, primarily by simulation ( $n = 17$ ). Recommendations at each level of curriculum are offered. Of the 22 schools of nursing websites searched, less than 2% of faculty profiles list pronouns.

**Conclusions:** While there has been an uptake of formal interventions on gender affirming care there remains a gap in addressing gender inclusive and affirming practices at the informal and hidden curriculum levels. Gender inclusive and affirming practices across all levels of nursing education can help advance culturally safe practices for TGD patients and experiences for TGD nurses and students.

### 1. Introduction

Among the global healthcare community, there are mounting calls to address equity for transgender and gender diverse (TGD) people through advancing the provision of gender affirming care (Coleman et al., 2022; World Health Organization, 2023; World Medical Association, 2015). Indeed, several professional nursing organizations in Canada and the USA advocate for gender affirming care, such as the American Nurses Association (2019), British Columbia Nurses' Union (2016), and Registered Nurses Association of Ontario (2021). Gender affirming care is a

modality of healthcare beneficial for people of all genders, but in particular seeks to disrupt discrimination and inequitable healthcare services that TGD people experience (Coleman et al., 2022; Reisner et al., 2016).

Nursing, being one of the most trusted healthcare professions, as well as having non-discrimination statements in their codes of ethics, has an imperative to promote equity and meaningfully address health disparities of TGD people (American Nurses Association, 2015; Canadian Nurses Association, 2017; International Council of Nurses, 2021). The nursing workforce is also the largest in healthcare, with over 100,000

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entry-level nursing graduates per year, in Canada and the USA combined (American Association of Colleges of Nursing, 2023; Canadian Association of Schools of Nursing, 2022). Given the volume of entry-to-practice nurses, integrating gender affirming care in nursing education is a crucial step towards disrupting cisnormativity within current healthcare practices and supporting health equity for TGD people. What's more, nursing students are calling for these changes in their education (The Canadian Nursing Students' Association, 2021). Despite all of this, how the profession of nursing is intentionally working towards advancing equity for TGD people is unknown (Lim et al., 2015; Sherman et al., 2023). In this scoping review study, we map how gender inclusive and affirming practices have been integrated into undergraduate nursing education.

## 2. Social location of authors

Four of the five co-authors identify as queer (JC, AB, JR, AS), and one is TGD (JC). All authors are white settlers, uninvited guests living on the traditional territories of several diverse Indigenous Nations in colonial Canada. Three authors are academic professors from nursing (MK, AS) and gender studies (JR). The remaining two co-authors are master of nursing students (JC, AB). While we present pieces of our identities to situate our lived experiences as relevant to this work, it is important to call attention to the power we hold and aim to leverage as white settler academics.

## 3. Background

We expanded our published scoping review protocol from addressing gender affirming care education in nursing, to consider the multi-faceted layers within the nursing curriculum (Crawford et al., 2023a). As such, we have integrated Hafferty's (1998) conceptualization of three levels of curriculum: (a) the formal or intended curriculum, such as in-class learning; (b) the informal or unscripted curriculum, such as relationships with faculty and peers; and (c) the hidden or unofficial curriculum, often displayed in the environment, culture, and values of a school or institution. While so much attention is paid to formal learning, most learning occurs beyond what is intended, with the hidden and informal curriculum having significant impacts on learning (Hafferty, 1998).

### 3.1. Gender inclusive and affirming practices

Exploring the multiple ways that undergraduate nursing education could integrate gender affirming care and associated practices came with a reconceptualization of gender affirming care, which we named gender inclusive and affirming practices. Gender inclusive and affirming practices shift the focus from formal education and strategies for providing 'care,' towards institutional structures which reinforce, and, in many ways, dictate the hidden curriculum (i.e., environmental, cultural, and values) (Nye et al., 2023). Thus, promoting collective critical reflection that TGD people are not just *others* in patient spaces, but that TGD people are among us, as nurses, nursing students, and nursing faculty. Social accountability as a profession is essential to support and advance equity for TGD patients and nurses alike, which brings attention to advancing nursing recruitment and retention as avenues to address TGD equity in nursing education. In summary, gender inclusive and affirming practices are behaviours, values, and environments that aim to enhance inclusivity of and affirmation for all genders.

## 4. Purpose

Questions guiding our scoping review included: 1) how are schools of nursing (SONs) implementing gender inclusive and affirming practices and 2) what gaps are hindering gender inclusive and affirming practices in SONs? A recently published systematic review on sexual and gender minority health in nursing education reports on several formal

educational interventions to enhance gender affirming care provision (Sherman et al., 2023). However, to our knowledge, there have been no reviews addressing formal education specifically on gender affirming care in nursing, nor any reviews that considered educational interventions across the three levels of curriculum, as in gender inclusive and affirming practices. When formal teaching is assumed to be the only or most powerful way students learn, vital learning opportunities are silenced and dismissed.

## 5. Methods

Our scoping review followed Arksey and O'Malley's (2005) six stages and considered Levac et al.'s (2010) adaptations to scoping reviews. Reporting of our scoping review follows the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) reporting guidelines (Tricco et al., 2018). The protocol is registered in Open Science Framework (Crawford et al., 2023b).

### 5.1. Study design and procedures

We conducted a scoping review of peer-reviewed articles from Canada and the USA that discussed *transgender* and/or *gender diverse* people and *gender inclusive* and/or *affirming practices* or *care* in *undergraduate nursing* settings (i.e., students, faculty, or broadly curriculum). Discursive articles and primary studies in English were included. Initial searches were run in March 2023 in Medline, Embase, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Scopus. See Supplementary Material 1 for the final search strategy. Using Covidence software, two independent reviewers (JC, AB) screened titles and abstracts, and then full-texts. Sexual and gender minorities (SGM) are often synonymized under variations of the lesbian, gay, bisexual, and transgender (LGBT) acronym, as such our review included articles where TGD-specificity could be discerned from LGBT content and articles which meaningfully integrated TGD-specific content only. Reviewers met bi-weekly to discuss discrepancies. An updated search was completed in January 2024 using these steps.

A sample of key SON websites were searched by the lead author (JC), a strategy employed to offer insight into the hidden curriculum. The sample included English BN/BScN programs in the Group of Canadian Research Universities (U15, 2022), and a selection of SONs in the USA were chosen based on the stated universities of authors of the included articles. The search included reviewing key SON documents (i.e., mission, vision, values; strategic plans; course titles) for the terms *gender* and *LGBT*, and searched faculty profiles for intentional declarations of pronouns and inclusion in TGD research.

### 5.2. Data extraction, analysis, and synthesis

Once articles were selected, two independent reviewers (JC, AB) completed data extraction, which included the purpose of the article; stated and implied recommendations to advance gender inclusive and affirming practices across each level of curriculum; TGD or SGM positionality statement; and reports of TGD or SGM involvement. (Note, throughout this paper we prioritized the use of the acronym SGM for accuracy and inclusiveness of the spectrum of diverse sexual and gender identities, instead of a variation of the LGBT acronym.) See Supplementary Material 2 for the full extraction template.

Articles were placed into one of two categories: studies reporting on interventions and non-intervention articles. The iterative extraction process and co-occurring analysis included handwritten notes and constant comparison of articles to the three levels of curriculum (Hafferty, 1998; Raso et al., 2019). Most of the studies had interventions, which formed the basis of our analysis and narrative synthesis. Data extraction for SON websites included numerically recording the presence of key terms in key documents, pronouns, positionality statements, and

relevant scholarly work from faculty profiles. Synthesized data was brought back to the stakeholders with expertise in academic programs (AS), queer theory (JR), and nursing curriculum (MK) for further discussion.

## 6. Results

### 6.1. Article search

Our search strategy yielded 761 unique sources, 158 were assessed for full-text eligibility, 111 of which were excluded. Following screening and resolving discrepancies, a total of 47 articles met our inclusion criteria and were extracted. Seven articles were included in the updated search. See Tables 1–3 for details of each article, some of which are summarized below. Articles were published from 2012 to 2023. Most were based in the USA ( $n = 40$ ), with a handful in Canada ( $n = 7$ ). Of the 47 articles, more than half were intervention-based, analyzed as *Doing* gender inclusive and affirming practices ( $n = 32$ ). *Doing* articles included formal interventions such as one-time interventions ( $n = 25$ ), course enhancements ( $n = 1$ ), curriculum enhancements ( $n = 2$ ), and resource development ( $n = 4$ ), wherein gender inclusive and affirming practices were being enacted. The remainder of the articles were discussion-based papers that display how they are *Thinking* gender inclusive and affirming practices ( $n = 15$ ), which provided a critical perspective alongside recommendations. *Thinking* gender inclusive and affirming practices included evaluation ( $n = 8$ ) and discursive articles ( $n = 7$ ). Fig. 1 shows the flowchart of article selection and the breakdown of selected articles *Doing* and *Thinking* gender inclusive and affirming practices.

### 6.2. Doing gender inclusive and affirming practices

Articles *Doing* gender inclusive and affirming practices were diverse in methodologies, with quantitative ( $n = 13$ ), qualitative ( $n = 4$ ), mixed methods ( $n = 9$ ), and non-evaluative program improvement or resource development ( $n = 6$ ). All were beneficial towards meeting the authors' stated aim(s). Most interventions were aimed at undergraduate nursing students ( $n = 28$ ), where specified, this included bachelor-level nursing (BN, BSN, BScN) ( $n = 13$ ) and accelerated BSN/BScN ( $n = 5$ ) nursing programs, across all years, and in a variety of courses. Nursing faculty were among the intended learners in 7 articles, with 3 being faculty-only interventions (Fontenot et al., 2023; McDowell and Bower, 2016; Whitney et al., 2020). For more details on *Doing* gender inclusive and affirming practices, see Table 1.

Interventions were mostly targeting the formal, planned curriculum. Formal interventions were typically one-time instances ( $n = 25$ ); most were simulation-based ( $n = 17$ ). Simulation varieties included low-fidelity simulation/role-playing ( $n = 5$ ), high-fidelity simulation ( $n = 4$ ), standardized patient simulation ( $n = 4$ ), or virtual simulation ( $n = 4$ ). Simulations often focused on TGD people with mental health concerns ( $n = 6$ ) (Jordan, 2023; Luctkar-Flude et al., 2021, 2022; Maruca et al., 2018; Pittiglio and Lidtke, 2021; Stockmann and Diaz, 2017). Additional formal curricular interventions included: a course enhancement ( $n = 1$ ) with a case study unfolding over multiple classes in a single course; resource development ( $n = 4$ ) where authors discussed the development of virtual simulation games, modules, and tools; and curriculum enhancements ( $n = 2$ ) where multiple courses increased gender affirming care content.

Evidence of addressing gender inclusive and affirming practices in the informal curriculum was mostly implied, as seen through discussions of relationships and interactions. Only 1 article explicitly addressed the informal curriculum, wherein the authors "developed the AQUERY [apologize, question, use, educate, remember, your impact] communication tool to guide nurse educators in repairing relationships with students who they have misidentified by using incorrect names or pronouns" (Whitney et al., 2020). All other instances of the informal curriculum were shown by collaboration with various groups and/or

individuals. Collaborative efforts were either for content facilitation or creation. Co-facilitation occurred when faculty partnered with and/or invited different people, groups, or organizations to deliver course content. Co-facilitators included broadly SGM ( $n = 4$ ) or TGD ( $n = 7$ ) people or community organizations, content experts ( $n = 3$ ), students ( $n = 1$ ), and interprofessional team members ( $n = 1$ ). More often though, faculty enlisted collaboration to assist with co-content creation, meaning faculty would partner with others to plan formal education, but faculty delivered the content in class or simulation. Co-creation meant working with broadly SGM people ( $n = 9$ ), content experts ( $n = 7$ ), nursing students ( $n = 6$ ), and TGD people ( $n = 4$ ). Nine studies used both co-facilitation and co-creation (Henriquez et al., 2019; Luctkar-Flude et al., 2022; McNeil and Elertson, 2018; Ness et al., 2023; Paradiso et al., 2022; Tartavouille and Landry, 2021; Tillman et al., 2016; Tyerman et al., 2021; Waxman et al., 2020).

Identifying the hidden curriculum was challenging given its elusive nature, and so we relied on Hafferty's (1998) four domains – policy development, evaluation, resource allocation, and institutional slang – to reveal the hidden curriculum. Firstly, no articles *Doing* gender inclusive and affirming practices spoke of policy development or changes. Regarding evaluation, no interventions included course evaluations such as exam questions or higher-level evaluations like accreditation or the National Council Licensure Examination for Registered Nurses (NCLEX-RN). While most studies had an evaluative component, there were a few instances of a mismatch between study objectives and the associated evaluation tool(s) used. For instance, several studies evaluated gender affirming care interventions by administering the Gay Affirmative Practice Scale to participants (Díaz et al., 2017; Englund et al., 2019; Maruca et al., 2018; Pittiglio and Lidtke, 2021). Relatedly, some studies whose interventions focused on caring for a TGD patient provided students with preparation content that was broadly-SGM, rather than TGD-specific (Hannans, 2023; Jordan, 2023; Landis and Cieslowski, 2022; Maruca et al., 2018; McEwing, 2020). Resource allocation for gender inclusive and affirming practices was discerned by simulation use, which often requires some combination of technologies, planning, and personnel; the general requirement of time for the intervention, writing, and publishing; and funding granted for projects ( $n = 9$ ) (Bell et al., 2019; Cassidy et al., 2023; Luctkar-Flude et al., 2020, 2021, 2022; Ozkara San, 2020; Pittiglio and Lidtke, 2021; Sherman et al., 2021; Tyerman et al., 2021). However, 4 of funded projects were for the same project (Luctkar-Flude et al., 2020, 2021, 2022; Tyerman et al., 2021). Only 1 study discussed an honorarium for participants (Ness et al., 2023).

The hidden curriculum was further delineated by reviewing institutional slang, or the language used in the articles, which shared messages about gender inclusive and affirming practices. Formal interventions rarely included learning about TGD people with intersecting identities. For instance, 6 articles included '2S' in their acronym (Fontenot et al., 2023; Henriquez et al., 2019; Landis and Cieslowski, 2022; Luctkar-Flude et al., 2020, 2022; Tyerman et al., 2021), yet only 1 article meaningfully integrated 2Spirit people (Fontenot et al., 2023), which was also the only article wherein the author stated SGM positionality. Seven articles included 'T' for intersex identities in their LGBT acronyms, yet no articles integrated intersex-affirming care content. Outside of stating gender identity, identity characteristics were rarely mentioned. A case scenario and a couple of simulations included details on patient sexualities ( $n = 2$ ) (Henriquez et al., 2019; McEwing, 2020; Ozkara San et al., 2019) or racial identities ( $n = 1$ ) (Jordan, 2023). In one instance, authors received feedback from students to increase intersectionality in the future (Henriquez et al., 2019). Beyond these examples, assumptions and norms of heterosexuality, whiteness, and non-disabled bodies persisted (Cox et al., 2023). The language used throughout the articles was divided between discussing transgender people within the binary (transmen and transwomen) or TGD people. Finally, only 1 article discussed gender inclusive and affirming practice changes as being reflected in the syllabus (McDowell and Bower, 2016).

**Table 1**  
Details of articles *Doing gender inclusive and affirming practices* ( $n = 32$ ).

Article citation & country	Intervention		Study design	Learners/ participants	(Co)-Facilitation of content	Co-content creation	Key intervention details related to TGD care
	Type	Sub-type					
Altmiller et al. (2023) USA	One-time	Virtual simulation	Quantitative experimental, pre- and post-test	Undergraduate nursing students, enrolled in 3rd year adult chronic illness course ( $n = 72$ ) and 4th year community health course ( $n = 55$ )	Nursing faculty	n/a	<ul style="list-style-type: none"> <li>- Didactic lecture on sexual health, general trans care, maintaining health in the community, and terminology and pronouns.</li> <li>- Virtual patient simulation of caring for a "transgender adult man."</li> <li>- Guided discussion about the film <i>Gen Silent</i>, following a "transgender woman" with terminal lung disease. In small groups, students had a discussion about sexual and gender minorities, guided by a faculty created resource.</li> </ul>
Bell et al. (2019) USA	One-time	Training	Quantitative	Undergraduate nursing students ( $n = 46$ )	Nursing faculty, clinical instructors	n/a	<ul style="list-style-type: none"> <li>- Key themes from focus groups (students, faculty, HCPs, and LGBTQIA+ community members) drove module development. The module objectives include outlining LGBTQIA+ people, their health disparities, and respectful terminology (with a focus on gender neutral language). Focus group participants approved the module and nursing students piloted it.</li> </ul>
Cassidy et al. (2023) USA	Resource development	Module development	Qualitative exploratory	Undergraduate nursing students (potential)	Nursing faculty (potential)	Undergraduate and graduate nursing students and faculty, HCPs working in at a gender affirming clinic, and SGM community members	<ul style="list-style-type: none"> <li>- Prep: Reflection and didactic lecture on mental health</li> <li>- Simulation (and debrief) of "a transgender patient that is in the process of gender reassignment and is experiencing difficulties in the work environment."</li> <li>- Students, Staff, and Faculty for Equality (SAFE) Program Curriculum:</li> <li>- Class activities included pronoun/terminology matching game; bias-reflection and debunking myths of LGBTQ people; coming out simulation activity; ally development; volunteer panel (4 h).</li> </ul>
Díaz et al. (2017) USA	One-time	High-fidelity simulation	Quantitative, pre- and post-test	Undergraduate nursing students (BN), enrolled in a mental health course ( $n = 159$ )	Nursing faculty	n/a	<ul style="list-style-type: none"> <li>- Prep: Didactic on LGBTQ health (30 mins).</li> <li>- Role-playing scenarios (and debrief), including "a transgender man" with an unknown pregnancy and urinary tract infection.</li> </ul>
Elertson and McNeil (2021) USA	One-time	Training	Mixed methods, post-test	Undergraduate nursing students (BN), enrolled in a senior community health practicum ( $n = 51$ )	An interdisciplinary team, 6 students with SGM representation	n/a	<ul style="list-style-type: none"> <li>- Prep: Didactic on LGBTQ health (30 mins).</li> <li>- Role-playing scenarios (and debrief), including "a transgender man" with an unknown pregnancy and urinary tract infection.</li> </ul>
Englund et al. (2019) USA	One-time	Low-fidelity simulation	Quantitative, pre- and post-test	Undergraduate nursing students (BN) ( $n = 76$ )	Nursing faculty	n/a	<ul style="list-style-type: none"> <li>- Prep: Didactic on LGBTQ health (30 mins).</li> <li>- Role-playing scenarios (and debrief), including "a transgender man" with an unknown pregnancy and urinary tract infection.</li> </ul>

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Table 1 (continued)

Article citation & country	Intervention		Study design	Learners/ participants	(Co)-Facilitation of content	Co-content creation	Key intervention details related to TGD care
	Type	Sub-type					
Fontenot et al. (2023) USA	One-time	Training	Quantitative, post-test	Undergraduate nursing and health sciences faculty ( $n = 50$ )	Nursing faculty	n/a	<ul style="list-style-type: none"> <li>- Nine program elements to "increase knowledge of delivering culturally sensitive care to LGBTQIA+ patients, students, and co-workers and improve awareness of implicit biases among faculty members."</li> <li>- Elements included group sharing and reflections, didactic learning (i.e., gender fluidity), videos (i.e., transgender person), games, bias recognition (2 h).</li> <li>- Simulation (and in-session debriefing) using immersive virtual reality headset of "a 72-year-old transgender woman" throughout her transition and engaging at an affirming community center</li> <li>- Post-activity reflection Unfolding Family Case Study:</li> <li>- Prep: reflection, pre-readings and didactic content on LGBTQ health (6 h).</li> <li>- Guest speaker: "a mother and retired [registered nurse]... shared her family's experience of her son's transition from female to male."</li> <li>- Three part case study of "an older... transgender individual ... who identified as lesbian" and her partner.</li> <li>- Prep: pre-recorded videos of LGBTQIA+ terms and health assessments, and an interview with a pediatric trans patient and family.</li> <li>- Classroom discussion of LGBTQIA+ terminology</li> <li>- Role-play (and debrief) scenario of an "African American transgender woman experiencing pyelonephritis and anxiety."</li> <li>- Simulation (and debrief) of "a transgender individual with lung cancer... whose appearance, gender, and name did not match in some locations in the chart," giving handover, and disrupting an anti-trans microaggression.</li> </ul>
Hannans (2023) USA	One-time	Virtual simulation	Quality improvement	Undergraduate nursing students (BN), senior-level	Nursing faculty	n/a	
Henriquez et al. (2019) Canada	Course enhancement	Unfolding case study	Mixed methods, pre- and post-test	Undergraduate nursing students (BN), enrolled in 2nd and 3rd year ( $n = 42$ )	Nursing faculty and an ally	Nursing faculty and SGM community members	
Jordan (2023) USA	One-time	Low-fidelity simulation	Quantitative, pre- and post- test	Undergraduate nursing students (BN), enrolled in a 3rd semester clinical course ( $n = 52$ )	Nursing faculty	n/a	
Koch et al. (2021) USA	One-time	Low-fidelity simulation	Mixed methods, post-test	Undergraduate nursing students (accelerated BScN), enrolled in 1st term ( $n = 29$ )	Nursing faculty	SGM nursing student organization	

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Table 1 (continued)

Article citation & country	Intervention		Study design	Learners/ participants	(Co-)Facilitation of content	Co-content creation	Key intervention details related to TGD care
	Type	Sub-type					
Landis and Gieslowski (2022) USA	One-time	Low-fidelity simulation	Mixed methods, pre- and post-test	Undergraduate nursing students (BSN), senior-level (n = 84)	Nursing faculty, SGM ally and content expert	n/a	<ul style="list-style-type: none"> <li>- Prep: LGBTQ2+ videos, pronoun tool, didactic presentation with a guest speaker (1 h).</li> <li>- Three gaming vignettes (and debrief) of a transgender patient navigating care (110 mins).</li> <li>- Sexual Orientation and Gender Identity (SOGI) Nursing Toolkit, virtual simulation games program development: a free, online intervention seeking to teach nurses (of all levels) to provide culturally humble care to LGBTQI2S people. It includes reflections, didactic content, interactive VSGs, and self- assessments. TGD content includes two video simulation games, one on "a transgender male...not called by preferred name" and one of a "transgender youth...requesting STI testing".</li> <li>- Prep: Didactic presentations of LGBTQI2S people</li> <li>- Four virtual simulation games (and self-debrief) including "a transgender youth facing issues of sexual safety, pregnancy, and suicide risk" and "a transgender man who experiences repeated misnaming."</li> <li>- Prep: Didactic presentations of LGBTQI2S people</li> <li>- Four virtual simulation games (and self-debrief) including "a transgender youth experiencing a mental health concern" and "a transgender male experiencing deadnaming and misgendering."</li> <li>- Prep: Didactic LGBT content</li> <li>- Simulation (and debrief) of a "male to female [patient]... still in the early stages of transformation," presenting with anxiety and migraines.</li> <li>- Transgender Curriculum Integration Project: Process of approval, development, and implementation of TGD content in 5 nursing mandatory courses including providing education to</li> </ul>
Luetkar-Flude et al. (2020) Canada	Resource development	Virtual simulation games	Program reflections	Undergraduate nursing students, undergraduate faculty, or practicing nurses (potential)	Nurse faculty and researchers	SGM community and content experts	
Luetkar-Flude et al. (2021) Canada	One-time	Virtual simulation	Mixed methods, post-test	Undergraduate nursing students (n = 7) and nursing faculty (n = 4)	Nursing faculty	Graduate nursing students	
Luetkar-Flude et al. (2022) Canada	One-time	Virtual simulation	Mixed methods, pre- and post-test	Undergraduate nursing students (BScN), enrolled 4th year (n = 58), 1st year graduate nursing students (n = 5), nursing faculty (n = 3)	Nursing faculty and people with lived SGM experience	SGM people	
Maruca et al. (2018) USA	One-time	High-fidelity simulation	Quantitative, pre- and post-test	Undergraduate nursing students (BSN), enrolled in a psychiatric mental health course (n = 48)	Nursing faculty	n/a	
McDowell and Bower (2016) USA	Curricular enhancements	Transgender Curriculum Integration Project	Program development	Undergraduate nursing faculty teaching new trans content	Nursing faculty	One graduate student with expertise in TGD health	

(continued on next page)

Table 1 (continued)

Article citation & country	Intervention		Study design	Learners/ participants	(Co)-Facilitation of content	Co-content creation	Key intervention details related to TGD care
	Type	Sub-type					
McEwing (2020) USA	One-time	Low-fidelity simulation	Quantitative, pre-, post-, and 1 month post-test	Undergraduate nursing students (BSN), senior level, enrolled in a public health nursing course ( $n = 108$ )	Nursing faculty	n/a	<p>faculty facilitating the courses.</p> <ul style="list-style-type: none"> <li>- Prep: Online, didactic modules on LGBT-competent care.</li> <li>- Simulation role-playing (and debrief) of disaster management planning for "a transgender individual and their significant other" in need of housing following a climate emergency.</li> <li>- Prep: prebrief of expectations and learning objectives (30 min)</li> </ul>
McMillian-Bohler et al. (2022) USA	One-time	Guest speaker-only	Mixed methods, pre- and post-test	Undergraduate nursing students (accelerated BScN), enrolled in 1st term, ( $n = 39$ )	Nursing faculty, transgender man	n/a	<ul style="list-style-type: none"> <li>- Guest Speaker (90 mins): "A transgender man who is an educator and an advocate for trans-affirming care ... was hired to share the experiences of his two pregnancies."</li> <li>- Prep: Reflection</li> <li>- Pilot SAFE Program: didactic information about LGBTQ terminology and allyship, interactive reflection, coming out role-playing activity, and a student panel and discussion (4.5 h).</li> <li>- Prep: one lecture on LGBTQ+ health</li> <li>- Simulation pre-brief; simulation of "an outpatient surgical encounter with a patient who had gender affirming surgery"; and debrief with an expert in gender affirming nursing care.</li> <li>- Prep: In-class review articles, pre-simulation assignment, prebrief (1.5 h).</li> <li>- Simulation (and debrief) of "a 48-year-old patient who identifies as a male to female (MtF) transgender woman... who lives with her cisgender girlfriend" with (a) hypercalcemia and (b) "emotional concerns" (1.5 h).</li> <li>- Prep: Readings, didactic presentation on cancer care for transgender people, pre-simulation assignment, and guest speaker with expertise in sexuality</li> <li>- Simulation (and debrief) of "a 48-year-old transwoman breast cancer patient" with (a)</li> </ul> <p>(continued on next page)</p>
McNiel and Elertson (2018) USA	One-time	Training	Mixed methods, post-test	Undergraduate nursing students (BN), senior level, enrolled in a community health practicum ( $n = 13$ )	Nursing faculty, the campus Director for the Center for Equity and Diversity, and 4 SGM students, including transgender students	n/a	
Ness et al. (2023) USA	One-time	Standardized patient simulation	Quality improvement, pre- and post-test	Undergraduate nursing students, final year	Nursing faculty, TGD SPs, and content expert	TGD SPs	
Ozkara San et al. (2019) USA	One-time	Standardized patient simulation	Quantitative experimental, post-test	Undergraduate nursing students (accelerated BScN), enrolled in a 3rd semester oncology course ( $n = 32$ )	Nursing faculty and "two male SPs were hired and trained to portray a transgender woman with a breast cancer history."	A content expert in oncology nursing, SGM issues, and research	
Ozkara San (2020) USA	One-time	Standardized patient simulation	Quantitative, quasi-experimental, pre- and post-test	Undergraduate nursing students (accelerated BScN), in 3rd semester. Experimental group: enrolled in an oncology course ( $n = 16$ ). Control group: not in the oncology course ( $n = 41$ ).	Nursing faculty, content expert, and transwomen SPs	n/a	

Table 1 (continued)

Article citation & country	Intervention		Study design	Learners/ participants	(Co)-Facilitation of content	Co-content creation	Key intervention details related to TGD care
	Type	Sub-type					
Paradiso et al. (2022) USA	One-time	Training	Quantitative, quasi-experimental, pre- and post-test	Undergraduate nursing students (ADN), enrolled in 1st year (n = 45)	Nursing faculty, the SGM Center Director, a guest speaker who is a transgender man	SGM Center	hypercalcemia and (b) anxiety. - Students received different modalities of learning about transgender- informed care, including (a) didactic lecture, (b) success coaching, (c) video, (d) panel discussion - Prep: Sexual health module, including readings re: transgender care and suicide screening.
Pittiglio and Lidtke (2021) USA	One-time	High-fidelity simulation	Quantitative, pre- and post-test	Undergraduate nursing students, enrolled in a medical- surgical course (n = 77)	Nursing faculty	Research assistant	- Simulation (and debrief) of a patient "with self-inflicted mastectomy wounds...to hasten their gender transition." - Outlines the process of creating the Transgender Curriculum Integration Project: (1) "presentation and approval of the TCIP project from the Baccalaureate Curriculum Committee;" (2) literature review and identifying priority areas; (3) "meetings with faculty members teaching key courses to create and integrate content into their specific courses;" and (4) "evaluation of student knowledge and attitudes towards care of TGD people at various time points."
Sherman et al. (2021) USA	Curricular enhancements	Transgender Curriculum Integration Project	Mixed methods, longitudinal (start of BSN program, start of first semester class, following undergraduate program)	Undergraduate nursing students (accelerated BSN) (n = 31)	Nursing faculty	Graduate students with expertise in TGD health	- Prep: Mental health course material. - "Simulated transgender manikin" with anxiety. -The advocacy program included teaching and activities on "health history taking, LGBTQI+ terminology, physical and mental health disparities, and barriers to accessing and seeking health care." - Additionally, a question/answer session with "a transgender male" (2 h). - Prep: "students researched the LGBT health literature and assessed members of the LGBT community through interviews and observational activities in order to plan health promotion and disease-prevention interventions."
Stockmann and Diaz (2017) USA	One-time	High-fidelity simulation	Qualitative, post-only	Undergraduate nursing students, senior-level, enrolled in a mental health course (n = 20)	Nursing faculty	n/a	- Immersive experience: (continued on next page)
Tartavouille and Landry (2021) USA	One-time	Training	Quantitative, quasi-experimental, pre- and post-test	Undergraduate nursing students (BScN), enrolled in 2nd-4th year (n = 1398)	Nursing faculty and a transgender man	Out Alliance	
Tillman et al. (2016) USA	One-time	Immersive experience	Qualitative, hermeneutic phenomenology	Undergraduate nursing students (BSN), final semester, enrolled in a community health course (n = 48)	Nursing faculty and SGM community Pride event	Nursing faculty and SGM community Pride event	

Table 1 (continued)

Article citation & country	Intervention		Study design	Learners/ participants	(Co-)Facilitation of content	Co-content creation	Key intervention details related to TGD care
	Type	Sub-type					
Tyerman et al. (2021) Canada	Resource development	Virtual simulation games	Program reflections	Undergraduate nursing students, undergraduate nursing faculty, or practicing nurses (potential)	Nurse faculty and researchers	SGM community and content experts	students implemented interventions at a local community LGBT Pride Day community resource (health) fair. - Sexual Orientation and Gender Identity (SOGI) Nursing toolkit development: The challenges of using LGBTQI2S standardized patient actors, including challenges recruiting standardized actors to portray "a trans man wearing a chest binder." - Development, testing, and modification of 5 simulation scenarios for the BN program. Scenarios included "coming out, cultural sensitivity, identifying as transgender, pelvic pain, and transwoman." - AQUERY (apologize, question, use, educate, remember, your impact) tool development and pilot workshop of "six steps to repair the educator-student relationship."
Waxman et al. (2020) USA	One-time	Standardized patient simulation	Performance improvement project	Undergraduate nursing faculty and graduate-level nursing students	Nursing faculty and "both of the actors who played the role of the SP were transgender, one transwoman and one transman"	TGD community members and content experts	
Whitney et al. (2020) USA	Resource development	Tool development	Resource development	Undergraduate nursing faculty	Faculty	Undergraduate nursing students, including trans students	

Note. Article-specific acronym variations are included in the key interventions section. TGD, transgender and gender diverse; HCPs, health care providers; SGM, sexual and gender minorities; variations of 2SLGBTQIA+, 2 spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, plus; n/a, not applicable; BScN/BSN, Bachelor of Science in Nursing; SP, standardized patients; BN, Bachelor of Nursing; SBAR, situation, background, assessment, recommendations; SOGI, sexual orientation and gender identity; VSG, virtual simulation games; TGD, transgender and gender diverse.

### 6.3. Thinking gender inclusive and affirming practices

Articles *Thinking* gender inclusive and affirming practices ( $n = 15$ ) did not have an intervention and were split into evaluation-only ( $n = 8$ ) (Table 2) and discursive ( $n = 7$ ) (Table 3). These articles discussed the presence or absence of gender inclusive and affirming practices across the curriculum. Articles were focused on SGM ( $n = 8$ ), binary transgender ( $n = 3$ ), TGD ( $n = 3$ ), or equity, diversity, and inclusion (EDI) ( $n = 1$ ). Evaluation article methodologies included textbook analyses ( $n = 3$ ), quantitative ( $n = 2$ ), mixed methods ( $n = 2$ ), and qualitative exploratory ( $n = 1$ ). The textbook analyses revealed that nursing textbooks further the informational erasure of TGD people, negatively impacting the formal curriculum (De Guzman et al., 2018; Klepper et al., 2023; Ray King et al., 2021). The informal curriculum was implied in articles that used language inclusive of gender diversity ( $n = 7$ ) (Abeln and Love, 2019; Cox et al., 2023; De Guzman et al., 2018; Kellett and Fitton, 2017; Klepper et al., 2022, 2023; Ray King et al., 2021). Cox et al. (2023) outline ways to integrate TGD content into the informal curriculum such as through collaboration and neutral language in classes, case studies, and syllabi. The hidden curriculum was revealed by articles discussing professional and state policies ( $n = 2$ ) (Brennan et al., 2012; Klepper et al., 2022), evaluations, such as the NCLEX-RN ( $n = 2$ ) (Kellett and Fitton, 2017; Webb and Zablocki, 2023), and through reception of funding ( $n = 2$ ) (Klepper et al., 2023; Ray King et al., 2021).

### 6.4. Article recommendations to advance gender inclusive and affirming practices

All articles offered recommendations (implicitly and explicitly) to

address gender inclusive and affirming practices (Table 4). Recommendations were most plentiful in the formal curriculum, centering around the need for more experiential learning opportunities ( $n = 35$ ), more content on TGD care ( $n = 22$ ), and meaningful, critical, and self-reflective learning opportunities ( $n = 20$ ). Additionally, authors recommended honouring the lived experiences of TGD people and communities ( $n = 15$ ) by inviting guest speakers and using TGD-made resources. Articles discussed the importance of addressing the informal curriculum through faculty education ( $n = 16$ ), and the need to improve relationships ( $n = 12$ ) and role modelling of gender inclusive and affirming practices ( $n = 15$ ). Pertaining to the hidden curriculum, it was suggested that SONs foster transinclusive spaces for TGD students ( $n = 10$ ) and update institutional documents (i.e., syllabi, policies) to include gender inclusive and affirming practices ( $n = 8$ ). Finally, SONs are advised to advocate for the inclusion of gender inclusive and affirming practices in entry-level competencies, accreditation standards, and licensure requirements ( $n = 11$ ).

### 6.5. SON website search

Seeking to reveal the informal and hidden curriculums further, 22 SON websites were reviewed, including SONs in Canada ( $n = 13$ ) and the USA ( $n = 9$ ) (See Supplementary Material 4). Notably, at the time of review, more than half of the SONs accessed were in provinces or states where the anti-trans risk was quite high ( $n = 13$ ) (Reed, 2023; Trianon, 2023). Over six hundred course titles ( $n = 605$ ) were searched for the keywords (*gender* and *LGBT*), yielding a single required course at the University of Manitoba entitled *Gender and Reproductive Health* ( $n = 1$ ). Of SON documents and websites ( $n = 75$ ) searched, none had any

**Table 2**  
Details of *Thinking* gender inclusive and affirming practices, evaluation articles ( $n = 8$ ).

Article citation & country	Evaluation type	Study design	Participants	Key focus & findings related to TGD care
Brown et al. (2017) USA	Survey	Quantitative, cross-sectional	Undergraduate nursing students (ADN and BN) ( $n = 265$ )	- Transgender: Learning about or from trans people or having interactions with trans people promotes acceptance and decreases prejudice, while also increasing confidence in caring for trans people. - SGM: LGBT content in the textbooks focused on sexual health.
De Guzman et al. (2018) USA	Textbook analysis	Content analysis	Textbooks (health assessment) ( $n = 2$ )	- There was a lack of LGBT content broadly. - Inclusive and neutral terminology was absent, and important terminology, such as the difference between sex and gender, was not discussed. - SGM: Textbooks often excluded or inappropriately represented LGBTQI+ health people, or presented limited content in the area of sexual health and social determinants of health.
Klepper et al. (2023) USA	Textbook analysis	Qualitative descriptive analysis	Textbooks (required pre-licensure nursing textbooks) ( $n = 14$ )	- While transgender was the most frequent LGBTQI+ term, discussions about gender were often binary, outdated, and medicalized trans people. Gender was often conflated with sexuality.
Mckay et al. (2022) USA	Survey	Mixed methods, cross-sectional	Undergraduate nursing students (BSN), enrolled in an adult health nursing course ( $n = 51$ )	- Transgender: Students reported higher levels of experience caring for and knowing trans people, and subsequently higher willingness to care for trans people. - SGM: The way LGBTQIA+ content is presented in the textbooks limits sexuality and gender to the binary (cisheteronormative), conflated sex and gender (gender essentialism), and reinforced societal norms.
Ray King et al. (2021) USA	Textbook analysis	Content analysis	Textbooks (anatomy and physiology) ( $n = 4$ )	- SGM: Policy, licensure, and accreditation documents lack LGBTQI2S+ recognition.
Shortall (2019) Canada	Survey	Mixed methods, cross-sectional	Policy documents (nursing education) ( $n = 52$ ) and "Department heads, deans, faculty chairs, or otherwise leadership" ( $n = 24$ )	- The least common, if at all discussed topics include intersex health and gender related topics such as transitioning. Less than one third of participants felt it was necessary to increase this content. - Individual instructors decide and lead LGBTQI2S+ education in their classrooms.
Walsh and Hendrickson (2015) USA	Custom survey, made in partnership with the Transgender Education Network of Texas	Quantitative, cross-sectional	Nursing programs ( $n = 19$ )	- Transgender: Gender identity, broadly, is the most taught trans content in undergraduate nursing programs in Texas. No programs taught the WPATH standards of care, while few taught hormones, psychosocial supports, or "gender reassigned patients." - SGM: Participants knew that LGBTQ+ content is important but lacked the knowledge to facilitate this content.
Webb and Zablocki (2023) USA	Interviews	Qualitative exploratory-descriptive design	Undergraduate nursing faculty ( $n = 9$ )	- Barriers to facilitating this content included how to embed this content, lack of time, course/curriculum density, teaching to the NCLEX, lack of nursing resources on the subject, and lack of comfort.

Note. Article-specific acronym variations are included in the key focus & interventions section. ADN, associate degree in nursing; SGM, sexual and gender minority; variations of 2SLGBTQIA+, 2 spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, plus; WPATH, World Professional Association for Transgender Health; NCLEX, National Council Licensure Examination.

mention of the keywords in their mission, vision, and values or any policies explicitly supporting TGD students. Those SONs with a strategic plan ( $n = 15$ ) rarely specified *gender* ( $n = 3$ ), though most mentioned EDI broadly. Several SONs also had EDI statements, of which a handful included *gender* referring to diversity and/or inclusion ( $n = 6$ ). Notably, the University of Connecticut has a nursing-specific EDI webpage, and Dalhousie University has a *community of two-spirit, lesbian, gay, bisexual, transgender, queer students in nursing (2SLGBTQSN)*. Overall, the absence of gender inclusive and affirming practice-associated language in these key documents keeps TGD people (in course content and TGD student/faculty wellbeing) hidden, adding to trans-invisibility in SONs.

The informal curriculum was identified by reviewing 1151 faculty and staff profiles for how they role model gender inclusive and affirming practices online. Role modelling in this way included reviewing profiles for pronouns, positionality, and scholarly interests. Overall, 104 of the faculty explicitly listed their pronouns (9%), usually placed beside their name and designations or in brackets in their biography. All pronouns were binary (she/her or he/him) except for 1 faculty who used neopronouns (see <https://pronouns.org/neopronouns>). Notably, the University of Connecticut SON role modelled gender inclusive and affirming

practices by normalizing pronouns, having almost all of their staff/faculty listing pronouns. However, this means without that one SON, only 27 (or 2%) of all profiles reviewed listed pronouns, rendering pronoun inclusion abnormal in SONs. Given the dearth of gender inclusive and affirming practices in the website search, unsurprisingly, no faculty stated TGD positionality and only 2 stated diverse sexualities. Less than 2% of faculty listed some history of TGD scholarly involvement ( $n = 16$ ) and/or SGM scholarly endeavours more broadly ( $n = 22$ ), many of whom were authors of studies included in this review.

## 7. Discussion

Our scoping review of the literature reveals the burgeoning efforts to advance gender inclusive and affirming practices in undergraduate nursing education. Of the 47 articles and 22 SON websites reviewed, we demonstrated a variety of ways that gender inclusive and affirming practices are emerging within undergraduate nursing curriculum. By adapting our review approach to consider the three levels of curriculum, the evidence from this review advances our collective vision of possibilities beyond solely focusing on formal teaching strategies. In

**Table 3**  
Details of *Thinking* gender inclusive and affirming practices, discursive articles (n = 7).

Article citation & country	Key focus & teaching strategies
Abeln and Love (2019) USA	TGD: Discusses importance of educating students on LGBTQ+ mental health issues, with a focus on transinclusivity for patients by weaving content throughout curricula, teaching cultural competency, using inclusive language, and resources for nurses, faculty, and students to learn more. SGM: Offers benefits, challenges, and strategies to facilitate LGBT cultural competence in health assessment class.
Bosse et al. (2015) USA	Among formal strategies to advance students cultural competence for LGBT people are guest speakers, role-playing, reflection, values clarification, language use, inclusive health history. SGM: Discusses the gaps in nursing curricula pertaining to LGBTI content. Recommends interventions that target cultural competence (attitudes, knowledge, and skills). Formal strategies suggested including reflection, understanding the barriers to care for LGBTI people, basic definitions, care across the lifespan, including resources for support. Suggested teaching modalities include guest panels, group projects, personal reflections, using media, case studies, simulation, and clinical opportunities to learn about LGBTI people.
Brennan et al. (2012) USA	SGM: Outlines the inevitability of caring for LGBTQ people in nursing and the imperative to include this content in nursing curricula. Highlights safe learning environments as crucial, in particular for transgender students. In addition, they suggest formal curricular interventions aimed at experiential learning and interactions with LGBTQ people via role playing, case studies, simulation (including virtual patient and high-fidelity), and guest speakers. EDI: Presents examples to address and embed EDI into nursing curriculum. Authors conducted a needs assessment of faculty and students. Alongside additional EDI training for faculty, curriculum mapping supported integration of EDI topics in the syllabus, providing sample case studies, and an outline of various required courses integration EDI concepts. While much of the EDI work was focused on race and calling out/addressing white-centered practices, TGD people were discussed through the importance of normalizing pronouns and gender-inclusive language (i.e., in case studies and faculty role modelling), student reflection on their gender identity, and embedding gender-affirming care components into courses (i.e., pharmacology and childbearing).
Burkey et al. (2021) USA	TGD: Calls out the erasure of trans and gender diverse people in nursing education and the importance of shifting to culturally safe nursing practice. They suggest several interventions primarily in the informal and hidden curriculum levels to improve transvisibility in nursing education. "By normalizing culturally safe spaces in nursing programs and classes," including having inclusive websites, gender neutral washrooms, diverse faculty representation and hiring practices, role modelling, and advocating for transinclusion.
Cox et al. (2023) USA	TGD: Discusses anti-trans legislation in the USA and the "tension between restrictive policies and the moral obligation to provide evidence-based care for diverse populations". The authors call upon nursing education, across all levels of curriculum, to act for TGD patients, students, and colleagues. Formal interventions include holistic integration, including strengths-based nursing, intersectionality, and de-pathologization of TGD people. Additionally, creating culturally safe spaces for TGD students and colleagues, helping students learn ethical action as a means to address moral distress and conflict (i.e., by case studies), and supporting students to respond for collective liberation rather than through saviourism, such as through position statements and collaborating with TGD organizations.
Kellett and Fitton (2017) Canada	TGD: Discusses anti-trans legislation in the USA and the "tension between restrictive policies and the moral obligation to provide evidence-based care for diverse populations". The authors call upon nursing education, across all levels of curriculum, to act for TGD patients, students, and colleagues. Formal interventions include holistic integration, including strengths-based nursing, intersectionality, and de-pathologization of TGD people. Additionally, creating culturally safe spaces for TGD students and colleagues, helping students learn ethical action as a means to address moral distress and conflict (i.e., by case studies), and supporting students to respond for collective liberation rather than through saviourism, such as through position statements and collaborating with TGD organizations.
Klepper et al. (2022) USA	TGD: Discusses anti-trans legislation in the USA and the "tension between restrictive policies and the moral obligation to provide evidence-based care for diverse populations". The authors call upon nursing education, across all levels of curriculum, to act for TGD patients, students, and colleagues. Formal interventions include holistic integration, including strengths-based nursing, intersectionality, and de-pathologization of TGD people. Additionally, creating culturally safe spaces for TGD students and colleagues, helping students learn ethical action as a means to address moral distress and conflict (i.e., by case studies), and supporting students to respond for collective liberation rather than through saviourism, such as through position statements and collaborating with TGD organizations.

Note. Article-specific acronym variations are included in the key focus & teaching strategies section. SGM, sexual and gender minority; variations of 2SLGBTQIA+, 2 spirit, lesbian, gay, bisexual, transgender, queer, intersex,

asexual, plus; TGD, transgender and gender diverse; EDI, equity, diversity, and inclusion.

particular, our review of SON documents and faculty profiles suggests strategies beyond formal curriculum are shaping our collective perceptions of gender. Three key gaps from each level of curriculum are discussed further in the subsequent paragraph. While the levels are addressed separately, advancing strategies at any one level of curriculum holds the potential to reshape and enhance efforts at the other two levels (Nye et al., 2023). These levels of curriculum work synergistically as a whole.

Regarding formal curriculum, we found the primary modality of learning about TGD people was a single, isolated simulation experience, sometimes involving experts from community. In some instances, scenarios conflated TGD people with mental illness (Pittiglio and Lidtke, 2021), which further stigmatizes TGD people (Crawford et al., 2023c; White Hughto et al., 2015). To meaningfully and safely integrate gender inclusive and affirming practices into simulation, we suggest looking to Nakajima et al. (2022) who built EDI into the Standards of Best Practice in Simulation (INACSL Standards Committee et al., 2021). At the level of the informal curriculum, we noticed faculty lack educational opportunities to learn gender inclusive and affirming practices (Cassidy et al., 2023; Shortall, 2019; Webb and Zablocki, 2023). As such, nursing faculty need support and cultivation to be able to teach gender affirming care and role model gender inclusive and affirming practices. One way to support faculty to advance gender inclusive and affirming practices is by providing formal educational opportunities, resources, and protected time built into their assigned responsibilities within SONs (Cox et al., 2023; Hughes et al., 2022; Shortall, 2019). Time can be used to engage in educational opportunities, policy work, collaborative discussions, and to foster sustainable and reciprocal relationships with TGD communities (Meyer and Leonardi, 2018). We offer two nurse-created SGM modules (<https://soginursing.ca/> and <https://www.wocinstitute.ca/2slgbtqia>), with gender affirming care content, to support independent learning. We also provide additional resources from reviewed articles (Supplementary Material 3).

Of utmost importance is directing our collective attention to the hidden curriculum of nursing: while formal gender affirming care content is being taken up by some individuals, the hidden curriculum remains rooted in cisnormativity, with silence and erasure of how this impacts TGD patient care or TGD nursing student/faculty experiences. For nursing to begin to disrupt cisnormativity, normalizing transgender and gender diversity in nursing education is needed (Crawford et al., 2023b; Kellett and Fitton, 2017; Klepper et al., 2022). Foundational to fostering safe(r) spaces for TGD nursing students and faculty is having inclusive SONs environments, such as inclusive washrooms and neutralizing language throughout all spaces (Cox et al., 2023; Kellett and Fitton, 2017; Klepper et al., 2022). SONs can further normalize gender diversity through holistic admissions and hiring processes for students, faculty, and leadership (Cox et al., 2023; Kellett and Fitton, 2017; Tartavouille and Landry, 2021). SONs can support TGD safety and visibility by adjusting current policies, explicitly addressing gender inclusive and affirming practices and neutralizing language (Abeln and Love, 2019; Cox et al., 2023). Ultimately though, addressing all levels, including education, practice, research, and institutional structures, will be important sources for disrupting nursing's current culture of cisnormativity (Klepper et al., 2023). Having gender inclusive and affirming practices meaningfully embedded in student learning outcomes, accreditation requirements and standards, licensing exams, entry-level competencies, and annual licensure renewal requirements will be paramount to normalizing the importance of transgender and gender diversity in nursing.

### 8. Limitations

Our scoping review provides novel insights and direction for SONs to

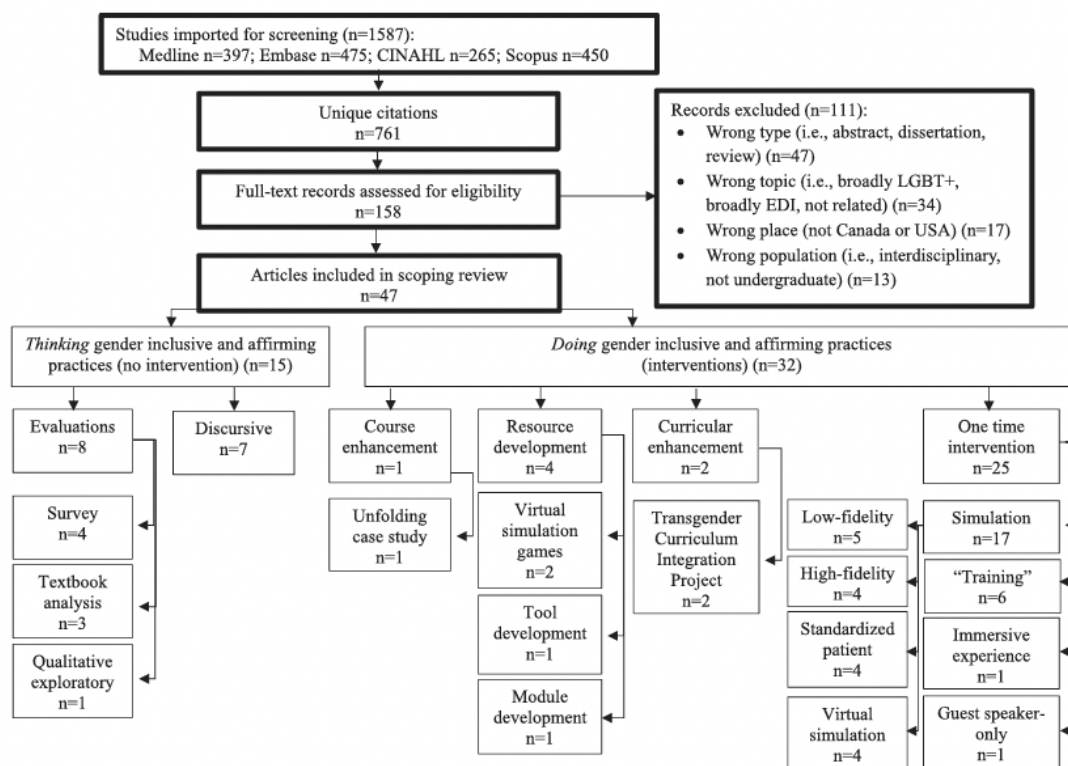


Fig. 1. Flowchart of article selection and selected articles *Doing* and *Thinking* gender inclusive and affirming practices. LGBT+, lesbian, gay, bisexual, trans, plus; EDI, equity, diversity, and inclusion.

integrate gender inclusive and affirming practices. Considering the three layers of curriculum means our study is a first attempt to search for evidence of gender inclusive and affirming practices in the informal and hidden curriculums. As we shifted beyond solely focusing on the formal curriculum, expanding our review to include searching SON websites – there might very well be things we missed. For instance, grey literature, such as case studies and non-peer-reviewed articles, as outlined in the protocol paper (Crawford et al., 2023c), were not reviewed. Additionally, we recognize that, given the amount of time and resources that both gender inclusive and affirming practices and publishing require, it is possible that SONs have not reported on their efforts. As such, we acknowledge that by our inclusion criteria, we may have missed some valuable work being done.

## 9. Future research

Through our review, there is evidence of how the three levels of curriculum in undergraduate nursing education are operating (or not) in addressing gender inclusive and affirming practices. As an emergent field, there is room to grow when considering strategies to advance gender inclusive and affirming practices in nursing education. Future research focused on how faculty role model gender inclusive and affirming practices, including best practices to prepare them to be effective role models, and advancing our knowledge of students and faculty experiences with gender inclusive and affirming practices will be important to inform curriculum development. Deepening our awareness and understanding of TGD nursing student and faculty experiences and how best to support their safety is critical knowledge required to support TGD students and faculty in having positive experiences and thriving within SONs. Supporting TGD people in nursing education can also help in diversifying the nursing workforce, influencing healthcare equity for

TGD people. Future research that enacts critical perspectives throughout research conduct and reporting to disrupt collective norms concerning gender within nursing is imperative to advance our knowledge base.

## 10. Conclusion

Gender inclusive and affirming practices are vital to advancing nursing education and ensuring culturally safe practices for TGD patients and experiences for TGD students and faculty. This scoping review mapped SONs and the literature on *Doing* and *Thinking* gender inclusive and affirming practices across the three levels of curriculum in undergraduate nursing education. While most of the interventions in this review are focused on the formal curriculum, we have argued and strongly encourage SONs to move beyond single-time educational interventions and deepen our collective understanding of strategies to fully integrate gender inclusive and affirming practices into the curriculum. Supporting nursing faculty in learning gender inclusive and affirming practices and improving transvisibility in nursing education are socially accountable strategies in support of addressing equitable healthcare of TGD people. Considering the overlapping nature of the three levels of curriculum, addressing gender inclusive and affirming practices at any level, in particular the informal and hidden curriculums, can support and advance efforts at the other two levels.

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.nedt.2024.106320>.

## Disclosure

This paper is part of the corresponding authors Master of Nursing thesis work at the University of Manitoba, in Manitoba, Canada, and will be used in their final thesis.

**Table 4**  
Recommendations from articles by curriculum level.

Formal	Informal	Hidden
<ul style="list-style-type: none"> <li>Leverage experiential learning including simulation and engaging with TGD people (<math>n = 35</math>)</li> <li>Incorporate more gender affirming care content, more often, and weave throughout the curriculum (<math>n = 22</math>)</li> <li>Help students learn critically and meaningfully (<math>n = 20</math>) (i.e., critical discussions, bias recognition; critical self-reflections; current political context; teaching social accountability).</li> <li>Teach gender inclusive and affirming practices through multiple learning modalities (<math>n = 17</math>)</li> <li>Honour lived experiences by bringing in TGD speakers and using TGD-made resources (<math>n = 15</math>)</li> <li>Further develop affirming practices materials and curriculum (<math>n = 9</math>)</li> <li>Curriculum mapping (<math>n = 5</math>)</li> <li>Supplement textbook content, which is often outdated, inappropriate, or absent (<math>n = 4</math>)</li> <li>Integrate NCLEX-style test questions with TGD content (<math>n = 3</math>)</li> </ul>	<ul style="list-style-type: none"> <li>Prioritize and seek out faculty education (<math>n = 16</math>)</li> <li>Faculty role modelling gender inclusive and affirming practices (i.e., use inclusive language; be an advocate for gender inclusive and affirming practices; engage in ongoing critical self-reflection; disrupt micro-aggressions and norms; foster safe(r) spaces for learning and TGD students; be aware of affirming practice resources, supports, and policies) (<math>n = 15</math>)</li> <li>Build meaningful and reciprocal relationships with TGD community members and organizations (<math>n = 12</math>)</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for advancing gender inclusive and affirming practices beyond SONs (i.e., nursing competencies, accreditation requirements, licensure requirements, NCLEX inclusion) (<math>n = 11</math>)</li> <li>Foster transinclusive spaces (i.e., inclusive washrooms, representation) (<math>n = 10</math>)</li> <li>Embed gender inclusive and affirming practices in institutional documents (i.e., include affirming practices in syllabi and policies; outline SON actions and commitments to advance affirming practices) (<math>n = 8</math>)</li> <li>Allocate resources to advance gender inclusive and affirming practices (i.e., protected time, honoraria, grants research, and education) (<math>n = 7</math>)</li> </ul>

TGD, trans and gender diverse; NCLEX, National Council Licensure Examination.

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#### CRediT authorship contribution statement

Jess Crawford: Writing – review & editing, Visualization, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. Adam Brandt: Writing – review & editing, Formal analysis, Data curation. Marnie Kramer: Writing – review & editing, Resources, Conceptualization. Janice Ristock: Writing – review & editing, Resources, Conceptualization. Annette S H Schultz: Writing – review & editing, Supervision, Resources, Project administration, Funding acquisition, Formal analysis, Data curation, Conceptualization.

#### Declaration of competing interest

The authors have no conflicts of interest to declare.

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## **Chapter 3: “It’s Very Cisnormatively Structured”: An Interpretive Description of Undergraduate Nursing Students’ Experiences of Gender Inclusive and Affirming Practices**

### **Preamble**

Chapter 3 presents the research findings from the student portion of the interpretive description study, wherein undergraduate nursing student in Canada were recruited for focus groups (or interviews by request). Engaging with nursing students helped to meet thesis objectives two and three, exploring gender inclusive and affirming practices within schools of nursing across the three levels of curriculum and reimagine gender inclusive and affirming practices for nursing education. The findings from this study contribute novel and important understandings of cisnormativity from the perspective of nursing students, including their concerns about providing care for transgender and gender diverse patients. In addition, we contribute some of the first accounts of transgender and gender diverse students and their experiences of harm due to rampant cisnormativity and the limited gender inclusive and affirming practices. Student participants offered recommendations to help advance these practices.

### **Author Contributions**

I was responsible for conceptualization, conducting the interpretive description study, analysis, and writing. Dr. Schultz assisted in a supervisory role as well as contributed to reviewing and editing the manuscript. Dr. Kramer and Dr. Ristock contributed to refining the study, including the methods and interview guides, and reviewing and editing the manuscript.

### **Appendices Associated with this Chapter:**

Appendix E – University of Manitoba Approval Letter

Appendix F – Student Consent Form

Appendix G – Student Recruitment Poster

Appendix H – Student Email Invitation to Participate

Appendix I – Student Demographic Questionnaire

Appendix J – Student Initial Focus Group Guide

Appendix K – Student Follow-up Focus Group Guide

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### **Abstract**

This paper explores the experiences of undergraduate nursing students learning about transgender and gender diverse health. It argues that nursing education's perpetuation of discrimination and erasure of transgender and gender diverse people and upholding of gender norms (cisnorms) is not sufficiently preparing students to care for transgender and gender diverse patients. Further, this rampant cisnormativity harms transgender and gender diverse nursing students. This interpretive description drew on queer theory and Hafferty's three levels of curriculum, and engaged eighteen undergraduate nursing students in initial, and thirteen in follow-up focus groups or interviews. Three key themes included (1) Cisnormativity is perpetuated in nursing education through pervasive power and norms across the three levels of curriculum; (2) "The Trans Problem": Transgender and gender diverse people are othered in nursing education; and (3) Welcoming the other: Individual educators who welcome and affirm transgender and gender diverse people are crucial. Critical recommendations from students to advance gender inclusive and affirming practices are provided, including normalizing gender diversity in formal nursing education, the importance of accountability and transgender and gender diverse representation in schools of nursing, and the need for nursing governing bodies to disrupt cisnormativity.

## **“It’s Very Cisnormatively Structured”: An Interpretive Description of Undergraduate Nursing Students’ Experiences of Gender Inclusive and Affirming Practices**

### **Introduction**

Transgender and gender diverse (TGD) people are those whose gender identities do not align with their sex assigned at birth. Globally, there are co-occurring movements to both support TGD people, and to eliminate them (Flores et al., 2016; Madrigal-Borloz, 2021). So, while TGD people are increasing in visibility, they simultaneously face increasing discrimination through medicalization, criminalization, and violence (De Vries et al., 2020). One area currently requiring attention is how TGD people are treated within healthcare systems.

In general, the number of healthcare providers who are equipped to provide gender affirming care is abysmal (Nowaskie et al., 2020), even though healthcare is a human right (Madrigal-Borloz, 2021). Nurses must abide by their code of ethics to provide care to all people, regardless of their gender identity (or other identity traits) (International Council of Nurses, 2021). Unfortunately, nurses too receive minimal pre-licensure education (Shortall, 2019) and lack knowledge on the health of sexual and gender minorities (including TGD people) (Moore et al., 2023). Research on undergraduate nursing education and how it addresses gender affirming care and TGD health is needed.

### **Background**

Much of the research on TGD people in nursing has been subsumed under the lesbian, gay, bisexual, transgender (LGBT) umbrella, which often sees diverse sexual and gender identities as a monolith. Nevertheless, many LGBT studies form the basis of what we know about nursing students’ and educators’ knowledge of TGD people – that is to say, very little, and what is there tends to be rooted in norms of sexuality and gender (Priddle et al., 2023). Yet, more

education on LGBT people is vital to advancing nursing practice and subsequently LGBT health (Logie et al., 2019).

Recent studies specific to TGD people have further demonstrated that education specific to TGD health is beneficial for nursing students and educators, alike (Wang et al., 2022). While there are initial efforts to integrate gender affirming care in formal education there continue to be challenges to the appropriate inclusion of TGD people in nursing education, such as harmful, stigmatizing representations of TGD people (Crawford et al., 2024). For example, resources that educators rely on to support student learning, such as nursing textbooks, lack depth and appropriate gender affirming care content (Klepper et al., 2023; Ray King et al., 2021). Fortunately, nurses, harbingers of health and equity, are increasingly being called to challenge and disrupt gender norms, raise social consciousness, and advance health and healthcare access for TGD people (Cicero et al., 2024; Klepper et al., 2022).

What's more, nursing students have voiced the importance of embedding TGD content into their education to improve nursing care for TGD patients (Montes-Galdeano et al., 2021; The Canadian Nursing Students' Association, 2021). Nursing students also play a critical role in advancing nursing, given they are the future of the profession and the increasing number of graduates who enter the workforce annually (National Academies of Sciences, Engineering, and Medicine et al., 2021). Unfortunately, within nursing education, there is evidence that precursors to transphobia (erasure, stigma, and cisnorms) (Crawford et al., 2023) are being passed on to students through their nursing education. Yet, little is known about how undergraduate nursing students experience learning about TGD people. This is the crucial gap our study sought to examine.

### **Theoretical Frameworks**

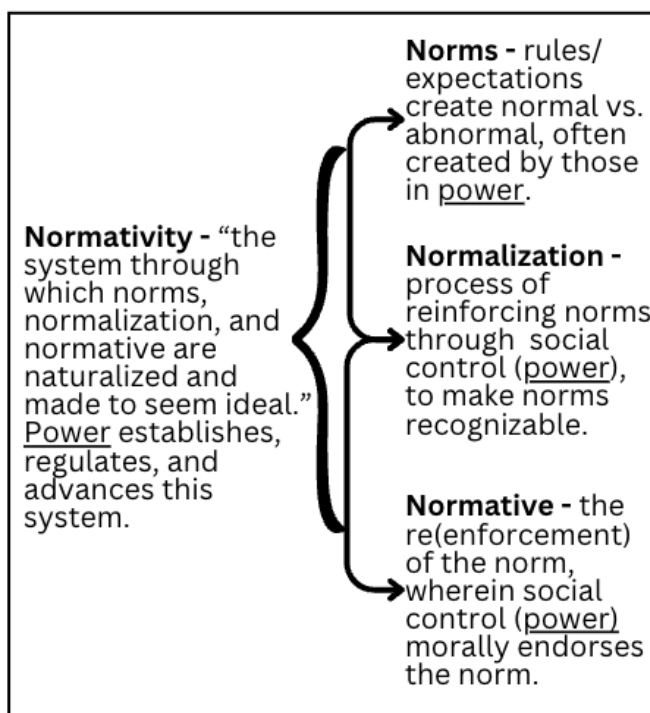
Our exploration of undergraduate nursing students' experiences aimed to move beyond simply describing what TGD content was taught in the classroom (or other formal educational instances). Rather, we sought evidence of how power and societal structures were operating and subsequently impacted student learning experiences. Thus, this study was guided by two theoretical perspectives: queer theory (McCann & Monaghan, 2020) and viewing curriculum as complex and multi-faceted (Hafferty, 1998). Below, contributions from these theoretical perspectives are described.

### **Queer Theory**

Queer theory focuses on identifying and disrupting (social) power and norms as they pertain to sexuality and gender (McCann & Monaghan, 2020). Through the process of normalization, societal norms – implicit rules or expectations – create conditions which privilege some people and oppress others (McGibbon, 2021), thereby creating power differences within society (See Figure 1). Nursing and nursing education are rooted in an array of norms, some of which are helpful reference points for nursing practice (i.e. normal versus abnormal lab values). However, norms can also be problematic, especially when they are entrenched in social expectations and binary thinking (Nye, Tengelin, et al., 2023). Queer theory allows an understanding of how norms become engrained in systems, accompanied and reinforced by power (McCann & Monaghan, 2020; Nye, Tengelin, et al., 2023).

### **Figure 1.**

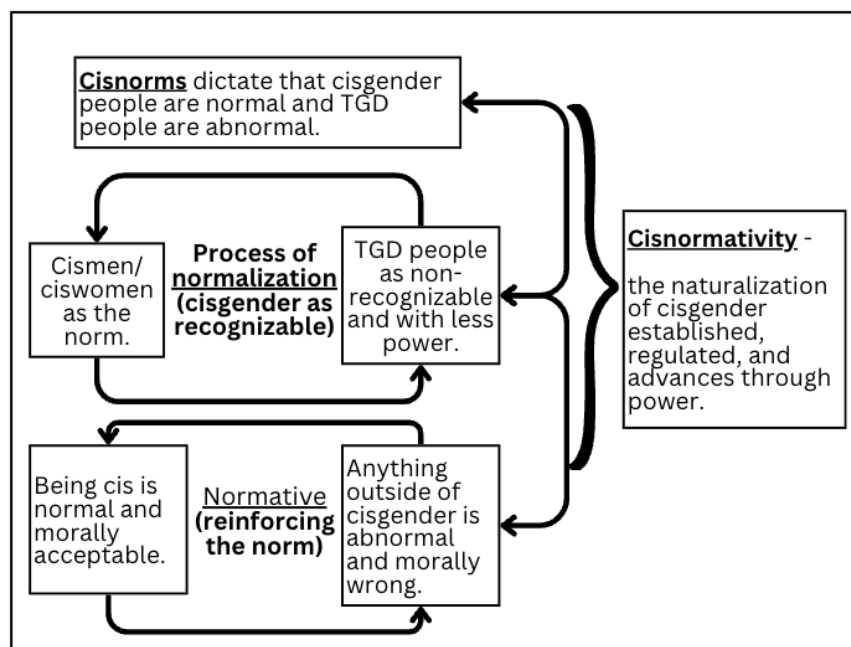
*Diagram of the Process of Normativity, as Informed by McCann and Monaghan (2020).*



Interrogation of norms offers a lens to make visible and critically examine undergraduate nursing education practices by exploring the experiences of students. For the context of this study, we look at gender norms called cisnorms and cisnormativity. Cisnormativity is a system (see Figure 2) that makes being cisgender (people whose gender aligns with their sex assigned at birth) seem naturalized and affords cisgender people with unearned power and privilege (McCann & Monaghan, 2020). Cisnormativity is rooted in white European values, which were and continue to be enforced in Western society by settler colonialism (Aguirre, 2024). In its simplest sense, cisnormativity is evident in the division of washrooms into binary men’s and women’s, but it persists in many spheres, such as the gendered division of clothing, sports, or children’s toys.

**Figure 2.**

*Diagram of the Production and Reinforcement of Cisnormativity.*



Cisnorms are intertwined with gender essentialist views, which support that a person's anatomy equates to their gender (i.e., a person assigned female at birth must be a woman) (Skewes et al., 2018). However, both cisnorms and gender essentialism reify binaries of male/man and female/women (McCann & Monaghan, 2020). Cisnorms have been strengthened through normalization, further distinguishing cisgender people as visible and familiar, while rendering TGD people as invisible or *other* (McCann & Monaghan, 2020). Othering is a constant process, influenced by power and norms, wherein people who are seen as different are often excluded (Nye, Canales, et al., 2023; Nye, Tengelin, et al., 2023). Continual reinforcement of cisgender people as moral and normal, ostracizes TGD people, deeming them immoral and abnormal. The persistence of cisnormativity in healthcare is dangerous, often directly impacting the health and livelihood of TGD people (Kcomt et al., 2020; Stroumsa et al., 2019).

### Levels of Curriculum

To deepen our interrogation of cisnormativity, we were interested in Hafferty's (1998) understanding of the complexity of curriculum, as more than what is taught in a classroom. In

Hafferty's (1998) work, there are three levels of curriculum to consider – the formal/intended curriculum, informal/unscripted curriculum, and hidden/unintended curriculum. The formal curriculum includes planned learning from textbooks, class lectures, and simulation, to name a few. The informal curriculum is offered through relationships and interactions with peers and educators, among others. The hidden curriculum is reinforced through the ethical and moral beliefs of an institution alongside the physical environment. The informal and hidden curriculums are more influential than the formal curriculum (Hafferty, 1998; Raso et al., 2019). Looking at cisnorms across these three levels gives deeper insights into how cisnormativity is actualized in nursing education, intentionally and unintentionally, and the associated cisnormative messages that students receive at, between, or across each level.

### **Gender Inclusive and Affirming Practices**

The combination of queer theory and the three levels of curriculum helped inform what we call gender inclusive and affirming practices (Crawford et al., 2024). Gender inclusive and affirming practices can be enacted across each level of curriculum in support of and respect for the diversity of gender. Gender inclusive and affirming practices aims to dismantle cisnormativity, along with normalizing gender diversity. Few studies have explored students' experiences learning about TGD health (Montes-Galdeano et al., 2021), and to our knowledge, none explore student experiences with TGD nursing education across the three levels of curriculum.

## **Methods**

### **Positioning Ourselves**

The authors involved in this work are white settler, uninvited guests who reside on the Traditional Lands of several First Nation and Métis communities. The lead author is a trans, non-

binary, queer, and neurodivergent graduate nursing student (JC). Co-author positionalities include a cisgender, heterosexual nurse with expertise in nursing curriculum (MK); and two cisgender, queer professors, one who is an emeritus of women and gender studies, with expertise in queer theory (JR) and one who is a nursing professor with extensive expertise in nursing research and education (AS). Positioning ourselves in this work is vital, as we examine power and norms both within ourselves, each other, and larger systems (i.e., nursing education, white supremacy, cisheteropatriarchy). Joining as a collective, we are seeking liberation for TGD people, and people of all genders. We also recognize that having the space and knowledge to challenge power and norms is thanks to strong leaders from queer and trans Indigenous, black, and racialized communities.

### **Design**

This study was part of a larger interpretive description study exploring student and educator experiences with gender inclusive and affirming practices. Interpretive description was chosen for its pragmatic approach and relevance to the nursing context (Thorne, 2016).

Additionally, interpretive description allowed for easy integration of the chosen theoretical frameworks. We abided closely by the quality evaluation criteria of interpretive description, and constant reflexivity wherein the lead author interrogated their own biases, with conscious awareness of the impact of their positionality on the research (Thorne, 2016).

### **Recruitment and Data Collection**

Students were invited to participate via emails sent by the Canadian Nursing Students Association 2SLGBTQIA+ Caucus, chapter schools, and nursing clubs, after which social media was leveraged. Students were eligible if they were currently enrolled in at least their second year of a Canadian undergraduate nursing program and spoke English. Participants reviewed

informed consent and completed a demographic questionnaire, following which they were invited to focus groups (90 minutes) or interviews (60 minutes) held on Zoom. The initial sessions sought to encourage discussion about student experiences with gender inclusive and affirming practices across the three levels of curriculum (see Supplementary Material) The follow-up data collection sought greater depth of student experiences and expanded on reimagining gender inclusive and affirming practices in nursing education (see Supplementary Material). This study was granted ethical approval from the University of Manitoba, Fort Garry Ethics Board (HE2023-0096). Data collection took place from July – September 2023. Consent was reviewed at the outset of each data collection session. Additionally, a list of mental health support resources across the country was available for students, if requested. Student participants were offered a \$30 cash honorarium for participating in each session.

### **Data Analysis**

Data analysis co-occurred with data collection. For example, preliminary themes from initial sessions were discussed with team members, helping to inform the follow-up interview guide. A sample of transcripts was shared with the project supervisor (AS), followed by analytic discussions. Then, the transcripts were coded and compared, which contributed to the formation of themes. Analysis began inductively and expanded to draw on the three levels of curriculum and the theory of norm-criticism (Nye, Tengelin, et al., 2023), which looks at power, norms, and othering from a queer theory lens. Data reduction and the creation of an audit trail occurred through reviewing, highlighting, and coding physical transcripts (Thorne, 2016). As codes and themes were generated, exemplary quotes were placed into corresponding Excel sheets. A thematic diagram was developed and shared with the authorship team for feedback.

### **Findings**

## Participants

Within one month of initiating recruitment, a total of 24 eligible students completed the Microsoft Form. An additional six students were waitlisted: Due to an influx of students from individual SONs, we limited 2 student participants per SON, allowing for a greater variety of educational experiences. We excluded 18 trolls/bots (false participants). Eighteen eligible students attended initial data collection, which consisted of 6 focus groups with 2-4 students per group (n=16) and one-on-one interviews (n=2). Thirteen students participated in follow-up data collection via 4 follow-up focus groups (n=12) and email (n=1). See Table 1 for the educational characteristics of nursing student participants.

**Table 1.**

*Educational Characteristics of Nursing Student Participants.*

Characteristic	Sub-characteristic	# of students
Nursing program type	Accelerated	n=2
	BN/BScN	n=15
	RPN	n=1
Year in nursing program	Year 2	n=8
	Year 3	n=9
	Year 4	n=1
Region of nursing school	Atlantic	n=3
	Ontario	n=8
	Quebec	n=1
	Western	n=6

*Note.* BN/BScN, Baccalaureate/ Bachelor of (Science in) Nursing; RPN, Registered Psychiatric Nursing.

Our study needed to be open to people of all genders because gender inclusive and affirming practices impact all students, as such, there was no requirement to be TGD.

Unsurprisingly though, TGD students were invested in this work and represented almost half of the sample (n=8). All student focus groups (SFG) had a mix of TGD and non-TGD students.

TGD students expressed comfort engaging with this research because of the lead author's

positionality as a TGD person. Table 2 outlines the demographic details of student participants, as they self-identified at the time of the study.

**Table 2.**

*Demographic Characteristics of Nursing Student Participants.*

<b>Demographic</b>	<b>Demographic specifics</b>	<b># of students</b>
<b>Gender identity</b>	Cisgender/non-transgender	n=10
	Trans and/or gender diverse	n=8
<b>Sexuality</b>	Queer (non-heterosexual)	n=12
	Heterosexual (non-queer)	n=6
<b>Sex assigned at birth</b>	Female	n=14
	Intersex	n=1
	Male	n=2
	Prefer not to answer	n=1
<b>Disability status</b>	Disabled	n=8
	Non-disabled	n=9
	No answer	n=1
<b>Race(s)/ Ethnicity(ies)</b>	Black	n=1
	East/South Asian	n=2
	Indigenous – First Nations	n=1
	Indigenous – Métis	n=2
	Latino	n=1
	Other	n=1
	Prefer not to say	n=2
	South Asian	n=3
	White	n=9

## **Focus Groups and Interviews**

### *Defining Gender Inclusive and Affirming Practices*

At the beginning of each session, students were asked about their understanding of the terms *gender inclusive* and *gender affirming*. Through this exercise, we created collaborative, working definitions of both terms. *Gender inclusive* was seen as the bare minimum of tolerance, acknowledgement, and acceptance. Examples included asking for pronouns and chosen names or having inclusive washrooms. For students, *gender affirming* meant having holistic and intersectional representation of the diversity of genders. Students recognized, that while *gender*

*affirming* referred to a type of healthcare, it also was a set of behaviours, actions, and values that were considerate, respectful, validating, empowering, and celebrated the diversity of genders. *Gender affirming* went beyond *gender inclusive* to disrupt cisnormativity. Examples of *gender affirming* included using and respecting pronouns and chosen names and having inclusive washrooms that consider the diversity of genders and bodies of the people that may use them, including the availability of menstrual supplies and accessibility needs. Overall, students were adamant that *gender inclusivity* is needed, but that *gender affirming* is paramount.

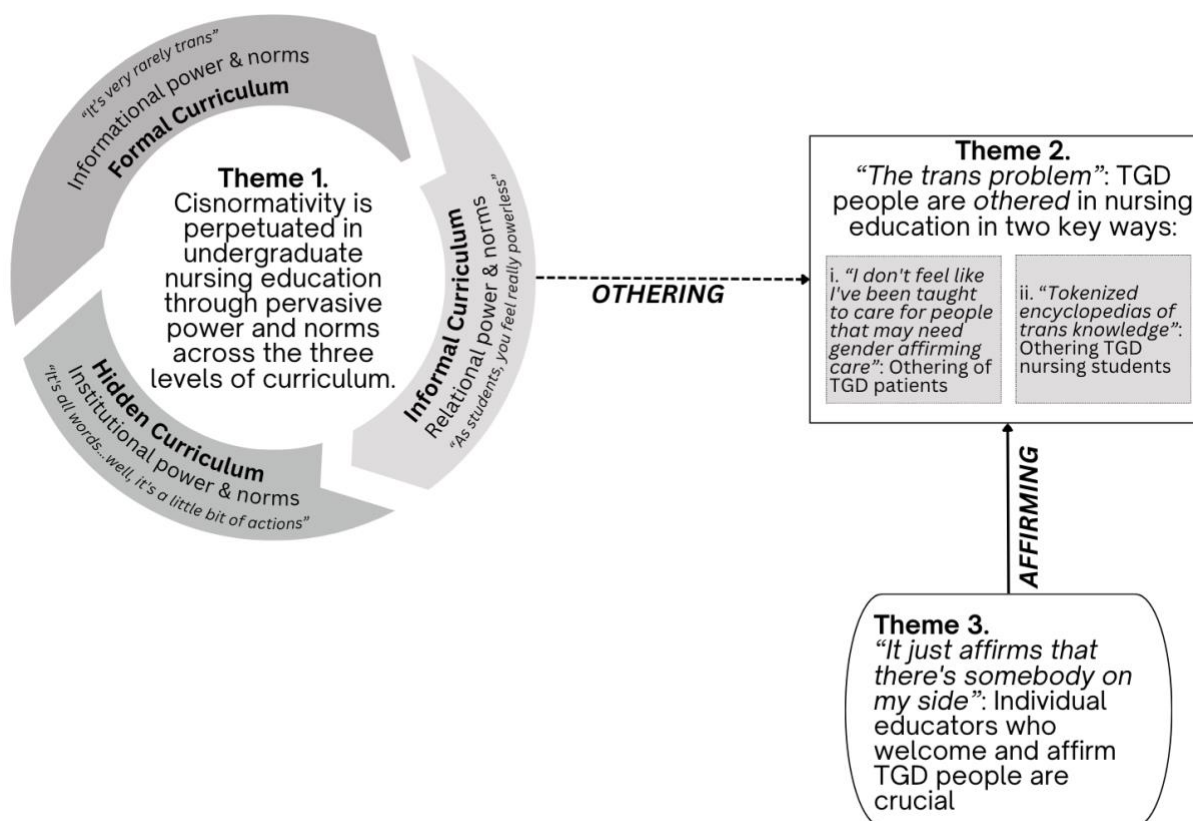
### ***Key Themes***

Through data analysis, three key themes emerged. The first theme, *Cisnormativity is Perpetuated in Nursing Education Through Pervasive Power and Norms Across the Three Levels of Curriculum*, was informed by the common experience of negative or absent gender inclusive and affirming practices across the three levels of curriculum. Subthemes include the presentation of *Power and Norms* across the curriculum, (i) *Informational* (formal), (ii) *Relational* (informal), and (iii) *Institutional* (hidden). The second theme, “*The Trans Problem: TGD People are Othered in Nursing Education*”, highlights the consequences of power and norms which *other* TGD people. When TGD people were *othered*, they were rendered invisible or portrayed as problematic. *Othering* took two primary forms, (i) *Othering of TGD Patients* and (ii) *Othering of TGD Nursing Students*. The third theme, *Welcoming the Other: Individual Educators Who Welcome and Affirm TGD People are Crucial*, shares the importance of individual nurse educators doing gender inclusive and affirming practices. It is important to draw the readers’ attention to the interactive nature of the themes. The themes are not in isolation from one another but interact synergistically and are multi-layered to create an ongoing cycle of othering. This constant cycle is difficult to disrupt, and while some individuals have been trying

to disrupt cisnormativity, students overwhelmingly experienced nursing education as cisnormative. See Figure 3 for the thematic diagram. Following presenting the key themes, we offer student recommendations to advance gender inclusive and affirming practices.

**Figure 3.**

*Thematic Diagram for Canadian Undergraduate Nursing Students' Experiences with Gender Inclusive and Affirming Practices.*



**Theme 1. Cisnormativity is Perpetuated in Nursing Education Through Pervasive Power and Norms Across the Three Levels of Curriculum.** Students recognized that post-secondary institutions and the profession of nursing use power to reinforce cisnorms, which in turn reinforce power. Reinforcing power looked like upholding cisnormativity and rendering TGD people invisible or as other. Students discussed cisnormativity as operating in three ways:

in the formal, informal, and hidden curriculums. These three subthemes are now presented in greater detail.

*i. Informational Power & Norms: “It’s very rarely trans.”* Students discussed their formal nursing education as fundamentally lacking in TGD content. A few students reported learning about gender affirming care through guest speakers, completing relevant online modules (Luctkar-Flude et al., 2021), or completing training which enriched their knowledge of TGD people. No students had in-person simulations that included TGD people, but a couple of students experienced caring for a TGD person in clinical placement. These circumstances left many students without learning and practicing culturally safe care for TGD people.

We get a lot of basic terminology, that sort of thing. But there’s not a lot of content that centers around lived experience or understanding of gender diverse patients or people in general. There haven’t really been any labs or opportunities to really experience caring for gender diverse people unless you are able to experience it in clinical. (Student 23, SFG6)

Many students highlighted that lecture content and textbooks were often outdated and rendered TGD people as peripheral and random. This included having TGD people as footnotes in textbook chapters, most often in psychiatric and reproductive health contexts. Sometimes students were given the option to engage in content about TGD people, such as an elective course or having optional class prep material. Students expressed that these modes of quasi-inclusion “sends a message of being an over thought” (Student 20, SFG4). Most students felt that the absence of poorly facilitated TGD content was not out of malice but due to a lack of faculty education and understanding.

...[N]ot even just professors, a lot of people don't understand a lot of different genders. A lot of people don't know what 2Spirited is...Like, I think it's hard to have a, you know, 70-year-old male, cis professor trying to explain to you what 2Spirited is, because he doesn't really have a clue himself, is the way it comes across to me. (Student 16, SFGE)

Students reported that the sex and gender binaries were constant in their nursing education. Students highlighted that while individual educators made efforts to include diverse pronouns and use inclusive language, the pervasiveness of gender essentialist language and cisnormativity led to assumptions about bodies as being unchanging and either male or female. Further, in all sessions, students divulged their concerns about the normative patient that their nursing education presents – assumed white and cisgender. Students rarely saw diverse patients, rather they felt that one positionality trait was adjusted, which they presumed was to meet diversity needs in their education.

I would say, yeah, it's usually white, able-bodied, monogamous, lesbian or gay. It's very rarely trans. And there isn't a lot of overlap, it's just oh, let's do this normal person but they also tick one inclusivity box. They're a diversity win because they have she/they pronouns or because they have a same sex partner. Um, I don't know that I've ever had a 2Spirit person as an example in a case study. There's just this very much refusal to overlap... so they're just stepping only a little bit out of their comfort zone while still remaining firmly in that. (Student 10, SFG3)

Overall, students felt concerned that their education was heavily influenced by and maintained cisnorms. Informational power and norms were closely tied with feeling unable or unprepared to provide culturally safe care for TGD people, which will be discussed more in Theme 2.

*ii. Relational Power & Norms: “As students, you feel really powerless.”* The lack of TGD content extended into a lack of role modelling gender inclusive and affirming practices. Students reported feeling powerless in advocating for gender inclusive and affirming practices, particularly in class or clinical spaces. Students felt nurse educators and nurses in clinical who were not open to gender inclusive and affirming practices stifled students’ learning and/or provision of culturally safe care for TGD people. Students either faced harsh treatment from others and/or expressed being unlikely to report non-inclusive and non-affirming behaviours by others. In either case, students recognized that patient care was negatively impacted. Students felt the power imbalance was based on their position in the medical and nursing hierarchies, “being a nursing student ... you’re kind of bottom of the barrel.” (Student 22, SFG5)

I’d have very negative experiences trying to advocate for my transgender patients, and also just for people who don’t sit on any gender spectrum or binary. I’ve been yelled at by senior nurses for including it in the side section of the patient notes on EMR, like saying ‘like the patient prefers this name and these pronouns,’ and they were like, ‘that’s not medical, you got to take that out, like it’s not okay to put that in there.’ And like, you know, referring to my transgender patients by their dead names and by their like sex marker instead of their gender preference. It’s a super unprofessional environment for an environment that’s claiming to be professional. (Student 1, SFG1)

Students also reported being “vulnerable to ...tirades” (Student 7, SFG2) from people in power, wherein nurses (educators or in clinical) expressed animosity toward TGD people. These comments were sometimes accompanied by symbols of pride (i.e., pronoun pin or rainbow sticker), which left students uncertain of who was safe to approach about TGD issues. Relatedly,

sometimes, those in positions of power used their power and authority to discipline students who challenged cisnormativity.

I actually got marks off of a presentation because I used they/them [pronouns] the entire time when talking about like fake clients that we had to make up. And I was told that it was confusing and ... like didn't make sense ... because it needed to be clear who I was talking about. (Student 9, interview)

These power relations and strict adherence to norms were felt by most students, but especially by TGD students. For instance, one student said “... this culture on the units of floor nurses always knowing better than students is incredibly stifling, especially if you are trans or diverse in general, it can be very polarizing...” (Student 10, SFG3)

Further, students expressed concerns with nurses as passive, seen through the apolitical, acontextual, acritical, areflexive practices in nursing education and lack of overall implementation or actualization of equity-oriented practices such as gender inclusive and affirming practices. Some students felt that nursing enacts a type of professionalism, which does not always align with why people go into nursing, leading several students to question the values and goals of the profession.

That idea of professionalism presented in nursing is very like polite-ness, like middle class-ness, white-ness, like a certain version of femininity that can mean like not agitating or taking political action... So, I do wonder with this version of professionalism that's been presented to us, which, like we've had, people literally tell us like, 'do not be political because then you're like contravening the professional standards of nursing' ... But then, actually staying neutral is quite harmful in this case, and I would argue, is also

in contravention of the professional standards. Not to mention like the human rights legislation we all work under... (Student 7, SFG2)

While not all relational experiences were negative (see Theme 3), students felt they needed to become catalysts for change in their current and future nursing endeavours and so stayed in the nursing program despite relational power and norms.

***iii. Institutional Power & Norms: “It’s all words...well, it’s a little bit of actions.”***

Cisnormativity in institutional power and norms was revealed across many realms, including in faculty representation, policies, and the environment. Students observed their SON and/or their post-secondary institution make overt statements towards equity, diversity, and inclusion, broadly, and specific to gender diversity. However, students were consistently left waiting for tangible gender inclusive and affirming practices from these institutions.

...[T]here’s a lot of promoting like we are gender inclusive... flags like things like that to make it known ... that like this place is safer... [I]t’s just like that extra piece of okay, like, now apply it [laughing]. You know? Like that’s a statement – where’s like the action, or like what are we doing? (Student 21, SFG6)

Cisnormativity in this way was upheld by a lack of action. A few students took time to review their student code of conduct and policies and found that many did not account for the diversity of gender. For instance, while most schools and SONs had non-discrimination policies, it was unclear to students how to navigate instances of discrimination, such as reporting transphobia. The lack of transparency in discrimination reporting directly impacted TGD students and left non-TGD students wondering how to navigate reporting discrimination due to lack of transparency in the policies and procedures.

There needs to be some kind of explicit process for how to handle that kind of complaint [trans-antagonism] and running that up, and also some kind of more definitive actions that the school will take in regards to that... I think the school has enough jurisdiction to be able to do something... knowing you have some support, knowing that there is a clear process for saying, this is who you go to, this is how you do it, and this is, these are the repercussions that can occur. (Student 15, SFGC)

Institutional power also included the absolute absence of TGD representation among nursing educators. Students felt the “the Florence Nightingale version of nursing” (Student 7, SFG2) they have been presented with was reflected back to them through nurse educators, who are mostly white, ciswomen. Students recognized that the historical norms of the profession of nursing, alongside that of post-secondary institutions, sustained the image of nurse educators as white, ciswomen, and discouraged others.

There’s not much intersectionality. And I think that also kind of speaks to the general kind of population at [university]. I think many of the faculty identify as cisgender and maybe female, using she/her pronouns... In terms of intersectionality, I don’t see quite a lot of like culturally diverse and gender diverse individuals, for example. (Student 2, SFG1)

Many post-secondary institutions had rainbow flags, rainbow-coloured sidewalks, and/or queer student groups. Indeed, students felt it positive that several institutions had a sort of center for sexuality and gender but thought it problematic that none of the nursing programs had collaborated with these centers. Overall, students reported their physical campus environment was not trans-inclusive. While almost all students reported at least one single-stalled washroom,

the logistics of navigating to (knowing the location, distance, and ease of access) these washrooms was problematic. Further, resources for TGD students were generally lacking.

There's no genuine [laughing] like investment in transforming the conditions that create ill health, such as oppression of like gender diverse people. It's more like we're a business, and we're trying to be fiscally responsible. And like, if fiscal responsibility includes rainbow capitalism, then we'll take it. (Student 7, SFGA)

Students, regardless of their gender, were able to discuss and uncover the pervasiveness of cisnormativity in their undergraduate nursing experiences.

**Theme 2. “The Trans Problem”:** TGD People are Othered in Nursing Education. A consequence of cisnormativity in nursing education meant TGD people were *othered*. Students were concerned about othering of TGD people in two key ways: (i) othering of TGD patients and (ii) othering TGD nursing students.

*i. “I don't feel like I've been taught to care for people that may need gender affirming care”:* **Othering of TGD Patients.** Relating closely to informational power and norms, students expressed that gender inclusive and affirming practices were largely missing from formal learning. Due to the lack of learning about culturally safe care for TGD people, students of all genders expressed concerns about their own ability to provide gender affirming care.

I think that it is notable that I have entered my fourth year of nursing, preparing to write my [licensing exam] and practice independently, without a dedicated lesson-based conversation across any class about gender, sexuality, or the intersection in supporting people's health needs. (Student 5, email)

During an interview, one student even displayed their lack of knowledge of gender affirming care. In recognizing their critical gaps, this student began asking questions about TGD

people, such as who menstruates, what happens during transitioning, and how to provide catheter care.

Like, you know how like there's like catheters ... either for like men or women, but what if someone ... [laughs] like identifies as something else, and we don't have – cause like [catheters are] specific to like men or women. (Student 6, interview)

Furthermore, students expressed concerns about gaps in knowledge regarding nuances of care, such as trauma-informed care alongside gender affirming care. Students worried that they, themselves, but especially their peers may cause further harm to TGD patients given their lack of formal training on the subject. The potential of peers causing harm was a fear most often discussed by TGD nursing students. However, students of all genders worried that the invisibility of TGD people made caring for TGD people seem optional or improbable. Students expressed concern that the combined lack of formal education and role modelling of the importance of gender inclusive and affirming practices, predispose them to practice in ways that may harm TGD people.

[W]ith the way it kind of is right now, I would worry that if like any of my like fellow students did come across anyone in clinical who like was outside the binary – who wasn't cisgender – I think that they wouldn't know what to do and wouldn't necessarily say something out of malice or to hurt someone, but might unintentionally offend someone because... we've had no experience, we've had no education or information regarding how would you approach this. (Student 9, interview)

Cisnormativity embedded in the healthcare othered TGD patients. One student who worked with a TGD patient in clinical placement expressed frustration with the wider, concealed, system-level impacts of the absence of gender affirming care.

I was caring for a trans patient... [and] I couldn't find anything [for their care needs] that was trans-inclusive in the whole of like the [provincial] health services. It just doesn't exist. (Student 23, SFGE)

Students were attuned to the importance of gender affirming care. They felt that the othering of TGD people in undergraduate nursing education puts their future nursing practice at risk. Ultimately though, students recognized that othering of TGD people harms TGD patients the most.

*ii. "Tokenized encyclopedias of trans knowledge": Othering of TGD Nursing Students.*

There was an inseparable relationship between TGD students' experiences as TGD people (with intersecting identities) and as nursing students. Overall, TGD nursing students did not see themselves represented across the levels of curriculum. TGD nursing students' positionality led them to experience the lack of gender inclusive and affirming practices differently than their non-TGD counterparts. TGD nursing students felt excluded and othered throughout their nursing education. They expressed feeling invisible or problematic in formal curricular content.

We're talking about whether or not we see us in our learning material. Well, we see us in the learning material, but as like the problem in the case study... And what got me really angry was that that scenario describes my family... and so you're telling me that I'm supposed to be the issue here, because why? Because I happen to be trans? (Student 5, SFG2)

Often there was misinformation, which, while students recognized was not out of spite, TGD students felt liable for rectifying misinformation. In offering corrections, they were often met with push-back. The feelings of tokenization of TGD nursing students also took away from their personal learning and comfort. Despite this, TGD nursing students felt responsible for

educating their peers. While tokenization occurs in many forms, TGD students worried that if they did not provide teachings, their peers would miss (or never receive) education about lifesaving, gender affirming care. Some TGD nursing students even had their own personal health experiences tokenized, which they shared because of the impossible position of knowing the imperative of gender affirming care as lifesaving care.

I know that I ...have been called on a lot to like explain like my experiences. Because people ... have not been like ... introduced or met anyone [TGD], really... I would say I get called on a lot more than like – I don't usually volunteer to talk about it [laughing]... I don't mind sharing because I know that like it's important for like, especially my classmates, to kind of have that experience. (Student 9, interview)

One student even discussed having to educate their program coordinators:

I feel like I shouldn't be the one telling them, you know, all the information that I know about you know LGBTQ people, and that's not really my position ... But unfortunately, that's what we have to end up doing. We have to teach our peers and our program coordinators about this, because they don't know! (Student 11, SFG3)

TGD nursing students also had difficulties navigating nursing education by experiencing “micro” aggressions. Key areas of challenge were navigating chosen names and pronouns in clinical and with nurse educators.

Every single day in [clinical placement] is spent dealing with [transphobia]! And it is very taxing and exhausting and frustrating and harmful...It's not gone over super well... I've had some very negative experiences when like quietly trying to advocate for my pronouns. (Student 1, SFG1)

Performative allyship was felt by TGD nursing students, as they had challenges identifying safe, supportive people. Rainbow and pride paraphernalia on an office door or lanyard were not clear indicators of allyship. An added challenge felt by TGD nursing students was the lack of processes, policies, and procedures to pursue any remediation regarding discrimination.

Because there is nothing [re: reporting discrimination]... for anyone who is under the rainbow to report any instance of trans-antagonism, any of the phobias. Like there, there just isn't anything. So, you're supposed to disclose to the student support center. But it isn't followed through, and it's not under the leadership of the school of nursing, so, it's not actually going to deal with the school of nursing's specific issues. (Student 5, SFG2)

There was a constant need to negotiate cisnorms across all settings (i.e., clinical, interactions with peers, in the university) and this was taxing for TGD nursing students. Students expressed that the barriers faced by TGD students could impact nursing recruitment and retention.

If it's not really addressed in the education, it might be a turnoff for a lot of you know, [TGD] nurses who may feel like maybe this actually isn't the best career fit for me and I should channel my energies in a slightly different direction. And it may still be somewhere in healthcare. But it may not be nursing if they feel like... there's not going to be an environment that can understand their challenges and will...ignore or work against the challenges of [TGD] patients... (Student 15, SFGC)

**Theme 3. “It just affirms that there's somebody on my side”:** Individual Educators Who Welcome and Affirm TGD People are Crucial. Students highlighted that some educators and students were inclusive of gender diversity. However, students honed in on nurse educators

who displayed gender inclusive and affirming practices. Given the role of nurse educators, it's important to highlight their positive contributions to gender inclusive and affirming practices. Further, given that no students reported knowing of any TGD nurse educators in their institution, the cisgender positionality of nurse educators comes with added responsibility.

The issue of understanding and respecting gender diverse people does not lie on gender diverse people [laughs]: It lies on cisgender people, and it's their job to fix it. And we can guide, and we can express, and we can be present and learn in our own way. (Student 1, SFGB)

Individual educators who welcomed the other were able to leverage their power and positionality and disrupt cisnorms to support TGD students and/or learning about gender inclusive and affirming practices meaningfully and intentionally. Students valued when educators were transparent about their gaps in knowledge and showed intentional actions and behaviours to (un)learn. When educators role modelled in this way, some students felt it set a precedence that students could also continue learning.

One of my classes... [was] an affirming space... because the instructor... really went out of her way to locate where she was coming from, where... her privileges were, where her power like overlapped, and then frame it in the sense of the ways in which [nursing] in particular, has upheld systems of power over other people. And also, on top of that, really drew in making sure that she learnt everybody's names and pronouns and used everybody's names and pronouns. And when you're a teacher, teaching how many students, to know 3 or 4 sections worth of students and pronouns within one week, that's like – that right there tells me that you're actually a safe instructor and this is a safe space to be in. (Student 5, SFG2)

Students also felt grateful when educators were advocates for gender inclusive and affirming practices. Such was the case for a student who, alongside clinical advisory support, went above and beyond to provide gender affirming post-mastectomy care instructions. TGD nursing students benefited directly when educators practiced gender inclusive and affirming practices. They felt valued and affirmed when educators used their pronouns and chosen name and/or corrected their mistakes. Students felt that identifying supportive educators bolstered their educational experience. TGD students were so grateful for educators who advocated for them and knew about resources to support TGD students.

Last year was kind of a tipping point in my kind of my journey, and I found that they [faculty] were very useful and helpful, not just like personally. And they were like, ‘well, we can help you find resources and whatnot,’ and they have help me with that. But also, just like using pronouns, helping me figure out like scrubs that I like that aren’t like making me feel so weird in myself, you know [shakes]. I know some of you [focus group participants] get it, but like it’s just a little thing that amalgamate that are really nice.

(Student 11, SFG3)

Nurse educators who affirmed TGD nursing students could help mitigate the impacts of a lack of gender inclusive and affirming practices and TGD representation. TGD nursing students highlighted that while TGD representation should be sought after, having educators who were aware of, and disrupting power and norms were vital to advance gender inclusive and affirming practices.

**Recommendations for Safe(r) Spaces in Nursing: “Creating that safe space for everyone, where there’s no fear of like do I belong here?”** Finally, as part of revisioning, we present student recommendations to advance gender inclusive and affirming practices in nursing.

Students' recommendations centered around safe(r) spaces for TGD people in healthcare and students in SONs. Their recommendations sometimes came with stronger connotations, with pleas and demands to disrupt the pervasive *othering* of TGD people. There were four key requests from students to advance nursing education towards gender inclusive and affirming practices: (1) more intentional inclusion of diverse TGD people in the formal curriculum, (2) more accountability from SONs regarding advancing gender inclusive and affirming practices, (3) meaningfully and sustainably improving TGD representation, and (4) moving beyond SONs by advocating for systems change. Of note, these recommendations are not siloed – addressing one key recommendation likely has impacts on other levels of curriculum. Table 3 (at the end of this chapter) provides highlights of the four key recommendations.

### **Discussion**

By listening to undergraduate nursing students, space became available to learn from them about their experiences with gender inclusive and affirming practices during their nursing education. Students clearly expressed that the health of TGD people and addressing healthcare access inequities for this population need to be part of entry-to-practice nursing education. Students of all genders were resounding in experiences of cisnormativity in their nursing education. As a result, students worried about how they will be able to provide culturally safe nursing care for TGD patients. Further, TGD nursing students felt *othered* and unsafe within classroom and clinical settings, leading some to question their future in nursing. Our study provides novel evidence that advances our understanding of the complexity of how undergraduate nursing students are being taught about TGD people. Below, the reality of cisnormativity is addressed further by, first exploring how it shapes formal education, then

moving into how it resides across the informal and hidden curriculum, and finally offering some suggestions to disrupt cisnormativity and address healthcare for TGD people.

Akin to other studies evaluating TGD curricular nursing content, students largely reported an absence of learning about gender affirming care in the formal curriculum (Montes-Galdeano et al., 2021). Students in our study, also shed light on how the dominance of cisnormativity was not only experienced in the classroom, but also apparent in textbooks, simulation, and clinical educational contexts (Klepper et al., 2023; Ray King et al., 2021). The result was that cisnorms were reinforced and TGD people were *othered*, as students were taught that bodies exist in only two ways (sex of male or female), and that body parts equals gender. The erasure of TGD people in formal education reinforces discrimination against TGD people and associated assumptions about bodies, which has consequences on students' nursing practice (García-Acosta et al., 2020; Pinto et al., 2023) and can have life-threatening impacts on TGD patients (Stroumsa et al., 2019). Nursing education is intended to prepare nursing students for entry-to-practice requirements, which include the provision of safe and equitable care to all people, and yet, based on the student experiences heard in this study TGD people are rendered abnormal and/or insignificant within nursing education and practice.

As norms exist within structures to uphold what is deemed *normal*, it is not surprising that evidence of cisnormativity was embedded in relationships and interactions, and institutional values and environments – the informal and hidden curriculums, respectively (Hafferty, 1998). The influence of cisnorms at these two levels is evident through non-inclusive language, limited educator knowledge of TGD people, absence of TGD representation and role modelling amongst educator/leadership/staff, binary washrooms and physical spaces, and TGD erasure in policies and procedures (Goldberg et al., 2019; Gonzalez et al., 2024). When these structural and

relational contexts uphold the normalization of erasing TGD people, it enhances the lesson that TGD people do not belong in nursing (or the academy), nor is there a need to consider what might be safe and equitable care. This means that as the formal curriculum opens to include TGD content, without attending to the informal and hidden curriculums, the message to all students will be that TGD inclusion exists within limited spaces (Kellett & Fitton, 2017). TGD students in this study expressed being seen as abnormal and left them questioning their place in nursing, despite knowing the impact for TGD patients seeing themselves represented in nursing. While we are unaware of studies about TGD nursing students' experiences (Crawford et al., 2024; Levesque, 2015), the problematic experiences of TGD students from this study are akin to those in medical and public health programs, education, and post-secondary education more broadly (Airton et al., 2024; Gonzalez et al., 2024; Knutson et al., 2022).

### **Implications**

Importantly, while the context of this work is situated in Canada, the impact of cisnormativity in society and nursing education is seen globally (Ercan-Şahin & Aslan, 2020; Yang, 2020). Gender inclusive and affirming practices are required to disrupt power, norms, and structures that uphold cisnormativity. And while, for many, there is a lack of awareness of being embedded in a cisnormative system (McCann & Monaghan, 2020) – by design it's been made to seem normal and so persists unchallenged – learning about how we all play a role in maintaining or disrupting power and norms can help advance beyond gender affirming care, towards holistic gender inclusive and affirming practices (Nye, Tengelin, et al., 2023). As such, the strategies we offer nurse educators, SONs, and nursing organizations to begin to dismantle cisnormativity in nursing education can be used around the world.

Intentionally, our recommendations to disrupt cisnormativity and garner gender inclusive and affirming practice are grounded in student participants' suggestions. Firstly, we encourage the reader to review the students' suggestions in Table 3. As demonstrated by students, the act of calling out cisnormativity can be a tool for critical thought (Klepper et al., 2022; The Canadian Nursing Students' Association, 2021). SONs can begin to become aware of the ways cisnorms prevail across their institutions (Kellett & Fitton, 2017) and begin to disrupt the process of othering (Nye, Canales, et al., 2023). As consistent with the literature, we echo student suggestions of normalizing gender diversity across policies, environments, students, faculty, staff, leadership, and beyond (Gonzalez et al., 2024; McGibbon, 2023).

Concomitant with students' call for safe(r) spaces, is meaningfully addressing intersectionality by leveraging anti-oppressive, anti-colonial, and anti-racist practices across the three levels of curriculum (Bourque Bearskin et al., 2022; Cox et al., 2023). We also offer the *gender inclusive and affirming nursing* resource that was created by the first author, as suggested by student participants in this study (<https://genderinclusiveandaffirmingnursing.softtr.app/>). Further, we encourage SONs to leverage their students as critical partners in advancing nursing education (Cassidy et al., 2023; Whitney et al., 2020). As noted by students, this work cannot fall solely on individual institutions and educators, rather, a systemic effort is needed (Kellett & Fitton, 2017). Nursing organizations have a responsibility to disrupt cisnorms and othering in many of the same ways already listed (i.e., normalizing gender diversity and addressing policy).

### **Limitations**

Our study is not without its limitations, which need to be considered when reflecting on the relevance of our results for other contexts. Our study had a small sample size, and while we involved students from 16 schools, there are over 100 SONs in Canada, and schools, programs,

and curriculums are constantly evolving. Therefore, other schools of nursing may have different experiences of gender inclusive and affirming practices. Also, our study was conducted in English, and it's important to note that other languages have different structures, such as French, which is a highly gendered language, and so will have other nuisances to navigating gender inclusive and affirming practices.

### **Conclusion**

Gender inclusive and affirming practices are those that support and empower TGD people, both patients and within the field of nursing. Nursing students offer a critical viewpoint to assess the state of gender inclusive and affirming practices in nursing education. Currently, students are concerned about the overwhelming presence of cisnormativity in their learning and SON environments and their subsequent preparedness to practice safe, gender affirming care. TGD nursing students also raised our awareness of the challenges TGD nursing students face, including erasure within the academy. Intentionally addressing each level of curriculum will be a vital step to advancing TGD patient care and TGD nursing students. By offering tangible recommendations, students call on the nursing profession to reflect and take measurable steps to improve gender inclusive and affirming practices. Nurse educators, leaders, and organizations are needed in efforts to progress gender inclusive and affirming practices in nursing education, and the profession as a whole.

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**Table 3.***Student Recommendations to Advance Gender Inclusive and Affirming Practices*

<b>Overarching Recommendation</b>	<b>Recommendation criteria</b>	<b>Exemplary Quotes</b>
<p>(1)</p> <p>Normalizing trans &amp; gender diversity in formal education: “Keep integrating and make it as normalized as possible, so it just becomes the standard, becomes the norm.”</p>	<p>Students asked for more intentional inclusion of diverse TGD people in their course content, through:</p> <ul style="list-style-type: none"> <li>• Having more TGD guest speakers with intersectional identities.</li> <li>• Carefully considering TGD representation and disrupting cisnorms in textbooks, PowerPoints, simulation, etc.</li> <li>• Include teaching about TGD people with intersecting identities.</li> <li>• Use gender-neutral and body-first language, including teaching the difference between sex, gender, and sexuality.</li> <li>• Have learning objectives and competencies that seek to advance gender affirming care.</li> <li>• Embed TGD content throughout all years and classes of nursing education.</li> <li>• Offer multiple modalities to engage with TGD content (i.e., critical thinking, discussion, clinical, simulation).</li> <li>• Encourage safely facilitated, critical discussions.</li> <li>• Train and offer faculty (and SON staff) educational opportunities regarding incorporating TGD content, having difficult conversations, and facilitating group dialogue.</li> </ul>	<p><i>“More lived experience from [TGD] folks and kind of some really clear-cut answers in terms of what has been impactful, both positively and negatively when trying to access healthcare. Cause, I mean, we can do the research, but yeah, just more lived experience. I want to like hear from folks more... what has positively been impactful that we can learn from. And also, you know, just to bring those conversations into the classroom, I think, would be so important and really, really beneficial.” (Student 21, SFG6)</i></p> <p><i>“If it is put consistently into the use of [neutral] language, it becomes normalized. So, I think it would be the best possible way for us to practice, but also taught for the next generation.” (Student 22, SFGC)</i></p> <p><i>“I think training faculty, like professors, it would be beneficial cause a lot of the times like when they’re giving us these lectures on gender, they might not be aware of what they’re teaching, which causes these barriers in education. So, having them trained from the get-go would be very beneficial.” (Student 18, SFGE)</i></p>
<p>(2)</p> <p>Accountability: “Commitment to action.”</p>	<p>Students were adamant that “wordy statements about how inclusiveness is important” were cop-outs which allowed SONs to “continu[e] to avoid addressing [gender inclusive and affirming practices].” (Student 5, email)</p>	<p><i>“Schools must engage with the students that they are seeking to support – reaching out and asking for feedback from 2SLGTBQ+ students on changes or seeking feedback on the changes students would like to see is necessary...Fire and remove from teaching your instructors that are telling your</i></p>

	<p>Students wanted more accountability from SONs through faculty and leaders as role models of gender inclusive and affirming practices. For students, accountability included abstract and tangible measures. Accountability was made tangible by the request to have measurable strategies to gather baseline and evaluative data regarding advancing gender inclusive and affirming practices.</p> <ul style="list-style-type: none"> <li>• Have accountable faculty and leaders in all spaces who address “micro”aggressions.</li> <li>• To measure faculty’s ability to engage in gender inclusive and affirming practices in the classroom, students suggested embedding equity-related questions in end of course reviews. Students also thought instructor reviews could be done at mid-term as well.</li> <li>• Measure student’s cultural competence and/or safety regarding TGD people (and other equity-related identities) at the beginning and end of courses.</li> <li>• Update/make accountable policies and procedures, such as abiding by non-discrimination policies and having procedures to support faculty remediation.</li> </ul> <p>While the idea of collecting data for TGD student success was brought up on several occasions, students were uncertain about the benefit to measure gender identity, largely due to fear of discrimination and negative consequences of being potentially outed.</p>	<p><i>trans students that they shouldn’t be allowed to access life-saving and affirming care.” (Student 5, email)</i></p> <p><i>“It’s easier to say things than hold yourself accountable, right? Like you need to hold yourself accountable and I feel like one way is potentially to even like set deadlines and express those deadlines explicitly. So, you could, that kind of shows that you’re prioritizing those goals and ideas. And you’re showing like the public, or whoever is made aware of those goals, that ... it’s ... at the top of your list. And if you break down like your progress as well, like what have you accomplished in that timeframe, like you kind of update that continuously. It shows like, what have you done so far; what is left to be done? And if you get that feedback as well like, it just makes everything more transparent, too, so that you’re not left wondering, you know what is being done, is this being taken, is action being taken on this? Because sometimes I think um, you know, faculty is said that they’re going to do this. But always a big question is, when? Or like, when are we going to see this change, right? (Student 2, SFGB)</i></p>
<p>(3) TGD representation: “Putting your money where your mouth is.”</p>	<p>TGD representation, beyond formal curriculum integration, also included meaningful, intentional, and sustainable efforts.</p> <ul style="list-style-type: none"> <li>• Admit, recruit, retain, and hire TGD nursing faculty, leaders, staff, and students.</li> <li>• Embed gender inclusive and affirming practices in within SON environments such as neutral, accessible washrooms; all washrooms having</li> </ul>	<p><i>“So having just more diversity in these organizations would help so much, just because they would be able to express what the needs of their community are better than anyone else could.” (Student 18, SFGE)</i></p> <p><i>“To provide care as queer/trans person, I would say firm policies on workplace harassment from staff and from patients, because feeling that you’re not backed up if you say something about your pronouns and somebody deliberately misgenders</i></p>

	<p>menstrual supplies; neutral language on all signage; pride signage.</p> <ul style="list-style-type: none"> <li>• SON and faculty to build meaningful, reciprocal partnerships with TGD communities and organizations.</li> <li>• Having TGD representation in policies and procedures, including codes of ethics, non-discrimination and -harassment policies, hiring responsibilities.</li> </ul>	<p><i>you. Just yeah, generally, this idea that you are protected in your identity and that people will care as much about you being misgendered as they will about somebody being sexist in the workplace, because it is sexism. And so those practices along with a culture where people are aware, going back to what [Student 11] was saying about everybody needing this education, I would say factoring it into continuing competencies for RNs, because it is an ongoing thing.”</i> (Student 10, SFG3)</p>
<p>(4) Beyond SONs: “It’s a whole system change.”</p>	<p>Students recognized that cisnormativity is difficult to disrupt in a individualistic approach (relying on individual faculty/educators to make change) and asked that there be a “<i>cultural shift</i>” to support “<i>top-down</i>” change in gender inclusive and affirming practices in nursing and beyond. Students felt gender inclusive and affirming practices need to be embedded in:</p> <ul style="list-style-type: none"> <li>• SON curriculum accreditation.</li> <li>• Entry-to-practice competencies and licensure requirements.</li> <li>• Provincial/territorial and federal health systems and governments, including policy.</li> <li>• Gender inclusive and affirming practices need to be enacted in concert with liberation movements such as anti-racism, anti-colonialism, and anti-ableism.</li> </ul>	<p><i>“It might fall on the individual, but we know that actually the system is to blame for that. So that means that we need to like really be getting in these policy makers and stakeholders – people who aren’t just implementing the curriculum, but people who are like creating it. This needs to be on a pedagogical level. And ... it needs to be done from the top-down. Obviously, like grassroots initiatives and bottom-up pedagogy is beneficial in its own way but it’s not enough to heal this broken system...”</i> (Student 1, SFGB)</p> <p><i>“I think, having some kind of agreement...[or] collaboration among some of those top levels, [provincial nursing association and provincial regulatory bodies], about maybe what to include and as we said, how to measure it... I think some agreement as to some consistency in what ... gender inclusive and affirming practices means and how to implement that. And also collaboration along different levels, because it’s not going to be exactly the same at each... But at least getting them to the table and saying, ‘Okay, this is what it means for us, this is what it means for you’... So we can better improve the practice as a whole.”</i> (Student 15, SFGC)</p>

**Chapter 4: “How are people going to teach this if they don’t know about it?”:****Undergraduate Nursing Educators’ Experiences with****Gender Inclusive and Affirming Practices****Preamble**

Chapter 4 presents the educator portion of the interpretive description study. For this study, nurse educators in Canada were invited to initial and follow-up interviews. This study also addressed thesis objectives two (exploring gender inclusive and affirming practices in schools of nursing) and three (reimagining the future of gender inclusive and affirming practices in nursing education). Adding to the literature, the findings highlight the current individualism nurse educators experience in seeking to embed gender affirming care in nursing education. This chapter seeks to raise awareness and action for wider, systems level changes to disrupt cisnormativity and ultimately advance gender inclusive and affirming practices in undergraduate nursing education.

**Author Contributions**

The manuscript contained in Chapter 4 will be shared with educator participants for their feedback post-thesis defense, with the opportunity to waive their anonymity for co-authorship. The resulting manuscript will be submitted to an agreed-upon journal, where we can include versions of articles in full or in part in a thesis for non-commercial purposes. I was responsible for conceptualization, conducting the interpretive description study, analysis, and writing. Dr. Schultz assisted in a supervisory role as well as contributing to reviewing and editing the manuscript. Dr. Kramer and Dr. Ristock contributed to refining the study, including the methods and interview guides, and reviewing and editing the manuscript.

**Appendices Associated with this Chapter**

Appendix L – Educator Consent Form

Appendix M – Educator Recruitment Poster

Appendix N – Educator Email Invitation to Participate

Appendix O – Educator Demographic Questionnaire

Appendix P – Educator Initial Focus Group Guide

Appendix Q – Educator Follow-up Focus Group Guide

### **Copyright**

A version of this chapter has been submitted to a journal and is under review. Authors can include versions of articles in full or in part in a thesis or dissertation for non-commercial purposes.

### Abstract

Gender affirming care is being increasingly taught in undergraduate nursing education. Gender inclusive and affirming practices expand on gender affirming care, normalizing gender diversity and recognizing that gender diverse people exist within institutions. This study examines undergraduate nurse educators' experiences with gender inclusive and affirming practices. Drawing on queer theory and Hafferty's three levels of curriculum – formal, informal, and hidden – this interpretive description invited nurse educators (n=7) to participate in both an initial and follow-up semi-structured interview. An analysis of the interviews indicated that educators understand the imperative to teach gender affirming care (formal curriculum) but are unaware of the wider application and implications of gender inclusive and affirming practices (informal and hidden curriculum). Often gender affirming care is left to individual champions within schools of nursing, which reinforces cisnormativity (the assumption that everyone is cisgender and that being cisgender is *normal*) within nursing education. Nursing governing bodies omission of gender affirming care in educational standards, licensure exams, and codes of ethics are crucial factors that allow cisnormativity to persist in undergraduate nursing education. Facilitating ongoing critical discussions and spaces for faculty development in gender inclusive and affirming practices is key, alongside systemic nursing changes such as explicitly naming gender affirming care in crucial practice documents.

**“How are people going to teach this if they don’t know about it?”: Undergraduate Nursing Educators’ Experiences with Gender Inclusive and Affirming Practices**

While in recent years gender affirming care content has emerged within nursing education (Crawford et al., 2024; Sherman et al., 2023), gaps in nursing student knowledge persist (Montes-Galdeano et al., 2021). Perhaps more tellingly are the notable gaps in nurse educator competence and comfort in integrating gender affirming care (Moore et al., 2023; Nye et al., 2024). Nurse educators express receiving minimal to no education regarding gender affirming care (Lim et al., 2015; Nye et al., 2024), not feeling confident to teach the subject (Cassidy et al., 2023), and a lack of resources to help facilitate this content (Marsh et al., 2022; Shortall, 2019). Gender affirming care has been persistently neglected among professional nursing governing bodies, all of whom have yet to explicitly name gender affirming care as a standard of care. As such, few schools of nursing (SONs) have reported on curriculum mapping and revamping processes that strategically and intentionally embedded gender affirming care (McDowell & Bower, 2016; Sherman et al., 2022). At this time, the responsibility to address gender affirming nursing education rests on the shoulders of individual nurse educators, who are taking steps to go against the grain of current norms. The silencing of this healthcare priority allows for cisnormativity to sustain dominance within nursing education and learning environments (Cicero, 2023; Crawford et al., n.d.). With the emerging visibility of transgender and gender diverse (TGD) people (Spizzirri et al., 2021; Statistics Canada, 2022) along with increasing awareness of the many reasons TGD people seek care beyond transition-related needs (Carabez et al., 2016), it is increasingly vital that gender affirming care be identified as a standard of nursing care covered during undergraduate nursing education (Kimmel et al., 2024).

While SONs deliver undergraduate nursing programs, there are three key governing bodies influencing curriculum content: provincial/territorial regulatory bodies oversee a mandatory approval of undergraduate nursing curriculum (required for graduating students to be eligible to write registration exams); the Canadian Association of Schools of Nursing (CASN) oversees non-mandatory accreditation of education standards; and the National Council Licensure Examination (NCLEX), a required component of initial nursing licensure, governed by the National Council of State Boards of Nursing in the United States (Almost, 2021). Each of these governing bodies drives curriculum content. At this time, none have identified educational or care standards specific for gender affirming care (Canadian Association of Schools of Nursing, 2020; International Council of Nurses, 2021; National Council of State Boards of Nursing, 2022). Instead, entry-to-practice competencies, NCLEX-RN Test Plans, and regulatory documents have catch-all phrases (i.e. cultural safety, cultural competence) to encompass the multivariate needs of equity-owed populations. This is problematic because it leads to the erasure of the needs of specific populations and allows for the perpetuation of cisnormative contexts, continuing to harm TGD people and patients (Bauer et al., 2009).

The dominance of cisnormativity within nursing education and governance influences educational environments, policies, and documents (Shortall, 2019), which are sources of chronic and constant erasure and discrimination of TGD patients, nurses, nursing students, and nurse educators (Crawford et al., n.d.; Klepper et al., 2022). Sustainable implementation of gender affirming care strategies requires attention to disrupting this erasure within nursing education, aligning with a broader approach known as gender inclusive and affirming practices (Crawford et al., 2024; Kellett & Fitton, 2017). Gender inclusive and affirming practices aim to normalize gender diversity across language, interactions, processes, environments, and structures

(Crawford et al., 2024). These practices integrate gender diversity and disrupt cisnorms across the various curriculum experiences, identifiable through three levels of curriculum (Hafferty, 1998) – the formal, informal, and hidden – that collectively create the learning environment (See Table 1).

**Table 1.**

*Examples of Gender Inclusive and Affirming Practices Across the Three Levels of Curriculum*

<b>Level of Curriculum</b>	<b>Type of Learning</b>	<b>Example of gender inclusive and affirming practice</b>
Formal Curriculum	What is taught/intended learning	Classroom education on gender affirming care and TGD Health.
Informal Curriculum	Unscripted/relational learning	Conversations and language use that is inclusive and affirming of all genders.
Hidden Curriculum	Unofficial/experienced learning	Policies and environments that are inclusive and affirming of all genders.

*Note.* Adapted from Hafferty (1998) and Crawford et al. (n.d.).

In this study, we explored nurse educators' (a) experiences with gender inclusive and affirming practices and (b) identified tools needed to meaningfully move towards sustainable gender inclusive and affirming practices in undergraduate nursing education. Building upon a larger study (Crawford et al., 2024, n.d.), the findings discussed here further reveal the dominance of cisnormativity and identify a call for nurse educators, SONs, and nursing governing bodies to actively work toward disrupting cisnormativity in nursing education.

### **Locating Ourselves**

This study was conducted across colonial Canada, also referred to by some Indigenous peoples as Turtle Island. The lead author is a trans, non-binary, white settler guest beholden to the Lands and Nations of the Anishinaabe, Ininew, Anisininew, Dakota Oyate, Dene, and Red River Métis. The first three co-authors consulted throughout the research are white settler guests

across Turtle Island, of whom, two are queer ciswomen, two are experts in nursing education, and one is an expert in women and gender studies. Additional authors to be included are participants, all of whom are ciswomen, settler nurse educators across Turtle Island.

### **Methods**

An interpretive description design informed this study (Thorne, 2016). Given the central topics of interest, the study design also drew on queer theory and the three levels of curriculum (Hafferty, 1998; McCann & Monaghan, 2020), including developing the interview guides and data analysis. Interpretive description aims to explore and understand complex relationships, such as the relations between nursing education, nurse educators, and gender inclusive and affirming practices (Thompson Burdine et al., 2021). Interpretive descriptions' pragmatic approach also informed the development of usable strategies for advancing nursing and nursing education around gender inclusive and affirming practices (Thorne, 2016). Ethical approval was granted by The University of Manitoba.

### **Data Collection**

A convenience sample of undergraduate nurse educators from across Canada were recruited via emails sent through CASN interest groups (n=2). As well, educators were invited through social media (Twitter) (n=4) and participants were encouraged to share the invitation with colleagues (n=2). A maximum of two educators per institution were permitted.

Data collection included an online consent form and demographic questionnaire. Seven educators attended both initial and follow-up semi-structured interviews from June-August 2023. Initial interviews sought to understand educators' experiences with gender inclusive and affirming practices across the three levels of curriculum. Drawing on queer theory, follow-up interviews expanded on initial interviews, seeking to (re)imagine the structures and supports

needed in nursing education to advance gender inclusive and affirming practices. Interviews lasted 40-60 minutes and were held virtually on Zoom, using the transcribe feature.

### **Data Analysis**

Data analysis was co-occurring with data collection, using constant comparison and reflexivity. Following each interview, summary, analytic, and reflexive notes were written, refining the interview guide and informing the follow-up interview guide. Data immersion throughout the study included repeatedly listening, reading, and reflecting on interviews, which supported the generation of an audit trail (Thompson Burdine et al., 2021; Thorne, 2016). Using Excel, a coding matrix was generated and refined. Analysis included comparing and contrasting initial and follow-up interviews, within and between participants, which helped to identify norms (McCann & Monaghan, 2020; Nye et al., 2024). The critical lens offered by queer theory also integrated power relations – that is, analysis recognizing that educators are part of a complex web of processes and hierarchies that influence what is taught, known, available, and *normal* in nursing education. Data reduction occurred through the ongoing synthesis of key patterns and discussions with the project supervisor, which led to the development of three key themes: (1) How nurse educators navigate teaching gender affirming care: “I’m going to learn with you”; (2) Curriculum requirements and evaluations guide gender affirming care education; and, (3) Shifting from individual advocacy to mobilizing nursing structures.

## **Results**

### **Participants**

At the time of data collection, all educators who attended interviews identified as ciswomen teaching in baccalaureate nursing programs (n=7), including accelerated programs (n=2). Educator positions in SONs included instructors (n=3), assistant professors (n=2), a

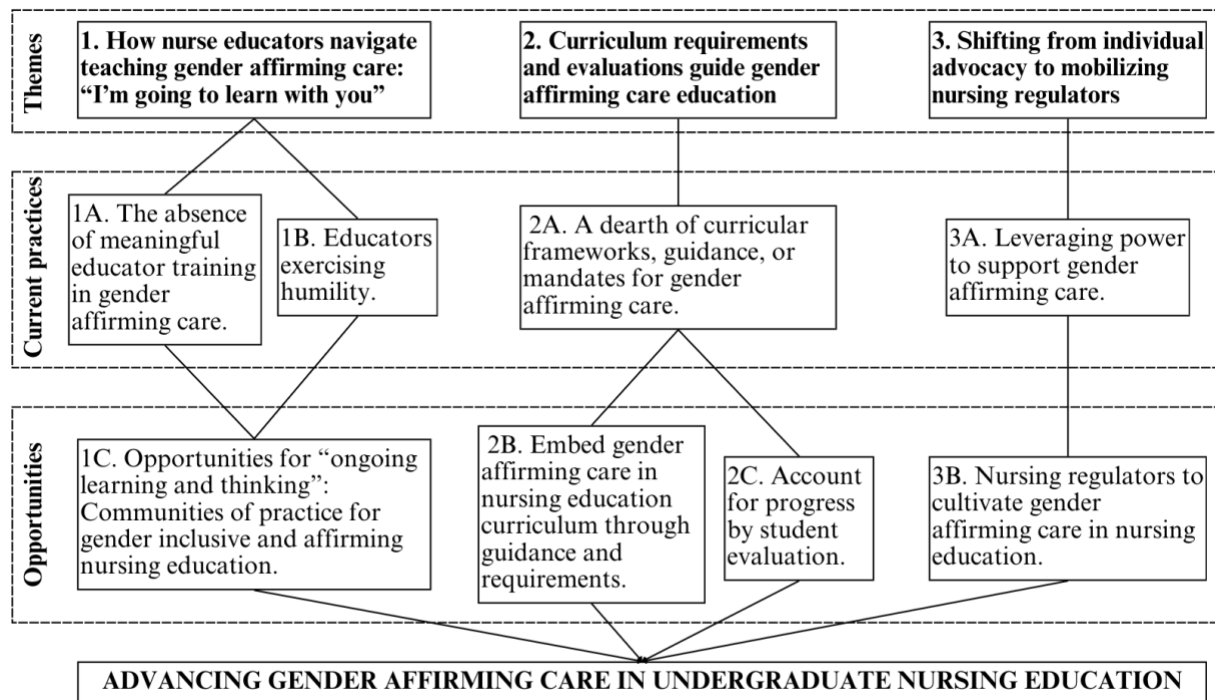
professor (n=1), and other, non-specified (n=1). Four educators were non-tenured, one was tenure-track, while two had tenure/continuous appointments. Five nursing institutions were represented among educators, which spanned Western (n=2), Ontario (n=2), Quebec (n=2), and Atlantic (n=1) regions in Canada. Other non-specific demographic traits reported by participants at the time included sexuality (heterosexual [n=6] and queer [n=1]), race/ethnicity (white [n=4], East/Southeast Asian [n=2], and Latina/o/x [n=1]), and disability status (none identified as having a disability, though one did abstain from this question).

### **Interviews**

Participants' interest in this research commonly stemmed from witnessing harm against sexual and gender diverse people at the hands of nursing and healthcare settings, referencing working during the AIDS crisis or, in more recent years, with TGD youth. A couple of educators also reported having TGD people in their families, which made this work vital and personal for them. In general, all educators wanted nursing education "to do better" to teach about TGD care, which is often called gender affirming care. As such, gender affirming care in nursing education is the context in which three key themes are situated. Figure 1 provides a visual depiction of the themes, related current practices, and opportunities for future growth. Following this, key themes and subthemes are reported on, with boxes displaying exemplary quotes for each.

### **Figure 1.**

*Thematic Diagram of Advancing Gender Affirming Care in Undergraduate Nursing Education*



***Theme 1: How Nurse Educators Navigate Teaching Gender Affirming Care: “I’m going to learn with you”***

**Subtheme 1A: Current Practices of The Absence of Meaningful Educator Training in Gender Affirming Care.** All nurse educators felt an imperative to integrate gender affirming care into their courses, recognizing that they had a responsibility to be up-to-date on their practice. Nurse educators shared they were integrating gender affirming care content in various courses such as med-surg, pediatrics, empowerment/diversity, research, and reproductive health. They included concepts like gender affirming health history and physical assessment, gender affirming surgery and hormones, mental health, family dynamics, 2 Spirit care, intersectionality, and non-transition-related care (i.e., craniotomy). The most frequently mentioned concept among gender affirming care was appropriate terminology (i.e., pronouns) and obtaining gender and sexual identity information. Modalities of teaching gender affirming care included case scenarios, simulation, Sexual Orientation and Gender Identity (SOGI) Nursing modules

(Luctkar-Flude et al., 2021), clinical, guest speakers, research and associated projects, reflective journaling, and videos.

While all educators were incorporating gender affirming care content, none had meaningful, formal training in the subject. The absence of meaningful opportunities to learn about gender affirming care in their SON meant that nurse educators had to seek out educational opportunities independently, on their own time. A few nurse educators reported voluntarily attending a one-hour Safe/Positive Space institutional training session or nursing faculty development session, over 5-10 years ago; having completed the SOGI nursing modules; or attending institutional equity, diversity, and inclusion (EDI)-related workshops. Nurse educators' tone in discussing the lack of training opportunities was often one of concern and frustration, which were amplified by the inability to access resources to bring in content experts or community members.

**Subtheme 1B: Current Practices of Educators Exercising Humility.** For nurse educators, the imperative of integrating gender affirming care content outweighed the discomfort and lack of familiarity with teaching this content. A notable strategy each nurse educator used to navigate this uncertain territory was leaning into discomfort by leveraging humility and honesty. Other strategies that helped nurse educators navigate teaching this content included “taking deliberate time to position myself... and create that transparency” (nurse educator 7), openness to learning from students as “the students educate us more than anything else” (nurse educator 3), and “partnering with someone from the community to talk to the students” (nurse educator 5). However, except for one institution, nurse educators were unable to access honoraria, admitting “it’s a policy that we don’t do speaker honorariums, period” (nurse educator 7) or resorting to “buy[ing] dinner for somebody” (nurse educator 4).

### Subtheme 1C: Future Opportunities for “Ongoing Learning and Thinking”:

**Communities of Practice for Gender Inclusive and Affirming Nursing Education.** All nurse educators wanted ongoing opportunities to learn about gender affirming care as a community, learning not just from students and TGD people, but also from and with other nurse educators. Even by participating in this study, all educators expressed their expanding awareness, consideration, and, in some cases, action of gender inclusive and affirming practices, suggesting that time for ongoing discussions can expand educators’ understanding of gender and be a useful tool to empower educators. One nurse educator recommended a “community of practice” (nurse educator 1) to address the need for “ongoing learning and thinking” (nurse educator 4) and “having these conversations about clinical aspects of trans care, so that we develop that familiarity and facility with these words, with these concepts” (nurse educator 7). Nurse educators also admitted to wanting “some strategies to either support [TGD] students... and support students through this education as well” (nurse educator 6). Nurse educators recognized that engaging in ongoing dialogue would need to have support from their SON leadership, “if you want everybody to adopt things...there has to be protected time specific for people to do things that you want them to do... And people will then know, come, and be liberated to do so... or giving us some funding” (nurse educator 3).

#### Box 1.

*Exemplary Quotes for Theme 1, How Nurse Educators Navigate Teaching Gender Affirming*

*Care: “I’m going to learn with you”*

Exemplary quotes
<p>“I’ve done like the SOGI modules and things like that myself... it comes from a lot of my own personal interest, and like... I did reach out to the equity office... We invited them to do a faculty development around gender terminology... And so that person did provide a little bit of that education... It was like an hour and a half. And it was woah, a long time ago, pre-pandemic because we were all in, we were all in the room” (nurse educator 4).</p>

“Honestly, I felt like ... a lot of what we included in our curriculum were also my gaps. I didn’t know a lot about gender reassignment surgery, [or] hormone replacement therapy... Like... how am I supposed to guide students through this if I don’t know, myself? Well... I was like ‘I’m going to learn with you,’ and we’re just going to throw the content in there. And, you know, I don’t have to be an expert in the content, but we need to be able to have conversations about it... [I]t by far got the best feedback from the students that day they enjoyed it so much, like so much!” (nurse educator 2).

“Well, I think we’re humble like... most of us say ‘we’re going to make mistakes.’ We are looking at being inclusive. We are looking at the language we use. We are aware that we make mistakes, like I said... And so, it opens up those conversations. And so, we try to be respectful and bring different perspectives into the class” (nurse educator 3).

“I need more engagement, I need more self-exploration, I need discussions... At the institutional level, I need management support... I do think that there should be opportunities for discussion, offered on an ongoing basis for faculty” (nurse educator 5).

## ***Theme 2: Curriculum Requirements and Evaluations Guide Gender Affirming Care***

### ***Education***

**Subtheme 2A: Current Practices of a Dearth of Curricular Frameworks, Guidance, or Mandates for Gender Affirming Care.** Nurse educators perceived the greater challenge of integrating gender affirming care content as stemming from curriculum structures that dictate nursing education. They referenced teaching to the NCLEX, provincial regulatory body requirements, and CASN accreditation standards, all of which lack specificity toward gender affirming care. Educators expressed uncertainty as to how to weave and appropriately ladder gender affirming care content throughout the curriculum, even in instances where educators were leading curriculum mapping. Further, while nurse educators were including gender affirming care content regardless of these barriers, many expressed concerns about this work being led by individual nurse educator champions, noting fear or realities of losing this content if the individual leaves.

Reflecting on the curricular gaps, nurse educators were concerned that “students have been graduating without this knowledge” (nurse educator 2). Educators were fearful that, without gender affirming care as a foundational, required component of nursing education, TGD patients suffer the consequences, “widening the health disparity gap within the LGBTQ2S community” (nurse educator 2), including safety for TGD youth (nurse educator 4) and risks of cancer for TGD people (nurse educator 3). Some educators got tearful recalling their time working during the AIDS crisis, saying “I don’t want to see what happened in those mid-eighties [with the AIDS crisis] happen to trans folks, as well” (nurse educator 1).

### **Subtheme 2B: Opportunities to Embed Gender Affirming Care in Nursing**

**Education Curriculum through Guidance and Requirements.** All nurse educators agreed that gender affirming care is a basic human right and should be a foundational part of entry-level nursing education. As such, nurse educators strongly recommended making gender affirming care sustainable and harmonized across Canadian undergraduate nursing education. To ensure it is instilled in nursing education, nurse educators call on CASN and provincial regulatory bodies to (a) provide a framework to integrate gender affirming care and (b) make it a requirement of undergraduate education, via competencies and/or time requirements. In addition, while most nurse educators were apathetic towards the NCLEX, all recognized that “institutions try to teach [to] the test...[and] if [gender affirming care] was on the NCLEX, it would definitely receive more attention” (nurse educator 5) in nursing education.

### **Subtheme 2C: Opportunities to Account for Progress by Student Evaluation.**

Beyond assessing gender affirming care in courses and on the NCLEX, educators recommended evaluating students, through their institutions or the Canadian Nursing Students Association, of their perceived competence in practicing gender affirming care.

How do we actually evaluate how competent students feel when they graduate, based on the education that we're giving them... Because we might look at these hours and say, 'Wow, we're actually teaching a lot more than a lot of other post-secondary institutions.' But that still doesn't mean that our students feel competent and capable when they leave, right? (nurse educator 4).

Crucially, some educators also wanted to understand barometers of success and safety in teaching and supporting TGD students, suggesting using teacher evaluations to get a sense "if our gender diverse students are feeling supported and included...[or] if they get to their nursing education, and they think, 'Oh, my gosh! I wasn't represented anywhere in this curriculum' – like that's a problem" (nurse educator 2).

## **Box 2.**

*Exemplary Quotes for Theme 2, Curriculum Requirements and Evaluations Guide Gender Affirming Care Education*

<b>Exemplary quotes</b>
<p>"I think because we're trying to see how to make sure it lives right to the final year of the program, so we're, we always feel a little bit like, oh, you know, because the next people that come along might blow it out of the water right? So, you do things because you can, but you don't know if they have sustainability" (nurse educator 1).</p>
<p>"There are no dedicated CASN nursing competencies... Do you know if the NCLEX has anything about gender affirmation? Cause I feel like that's all people care about" (nurse educator 7).</p>
<p>"So ultimately, that's what I would love to see is that like CASN, [provincial governing body], whatever regulatory bodies... [that] nursing schools are under will actually give us a requirement of how much... I think if I think if we can standardize that across the board that it's just an expectation that we are doing this" (nurse educator 2).</p>
<p>"[O]ur town hall meeting[s]... that's a good opportunity where students do have a voice through their student association, so that then this could then be brought forward to, during that town hall meeting" (nurse educator 6).</p>

***Theme 3: Shifting from Individual Advocacy to Mobilizing Nursing Regulators***

**Subtheme 3A: Current Practices of Leveraging Power to Support Gender Affirming**

**Care.** Certainly, most participants reported being a champion of gender affirming care by bringing content into their classes. For some, advocacy came in the form of disrupting harmful, stigmatizing views of others when discussing the imperative of teaching this content, sometimes leveraging power (i.e., tenure status). For others, advocacy focused on systemic strategies, such as writing letters to their leadership and spearheading a committee to map and embed gender affirming care across their 4-year program. Another educator mentioned approaching colleagues to address inappropriate language/terminology use and was engaged in mentoring TGD students. In follow-up interviews, educators reportedly started seeking out and asking questions about gender inclusive washrooms and other campus resources to support TGD students, recognizing that campuses also need to be inclusive spaces for TGD students to learn.

**Subtheme 3B: Opportunities for Nursing Regulators to Cultivate Gender Affirming**

**Care in Nursing Education.** Ultimately, to meaningfully and sustainably integrate gender affirming care as a foundation of nursing education, nurse educators recognized that action from multiple levels of nursing organizations is required (accreditation, licensure, professional associations, and unions). They felt that professional bodies, associations, and SONs could make “very explicit statement[s] that support gender affirming care, and that it is healthcare. And it is basic healthcare” (nurse educator 4). Nurse educators recognized that, while these statements and actions might be political, “inaction is political” (nurse educator 4).

Every nurse educator discussed the need for nursing governing bodies to work collaboratively, creating a shared definition and leveraging each other’s strengths, power, and resources. For instance, one educator said, “there could be something that is a joint venture, maybe something from CNA [Canadian Nurses Association] from a practice lens, then CASN

from [the] education lens” (nurse educator 6). Collaborative nursing governing bodies can also help influence policy within and across each other. “Policy that would mandate that this is a standard practice. Right? That’s advocacy, right? Making sure that every organization/agency has policy and procedures that supports that gender inclusiveness” (nurse educator 6). Policies within SONs and regulators can support TGD students, colleagues, and patients, one educator even suggested unions have a role in disciplinary action and accountability. Nurse educators were also cognizant of the power that these governing bodies have, grounding rationales in patient safety, noting “our [licensing body’s] mission is there for patients and patient safety... Well, patient safety is linked to [gender affirming care]... Our regulatory body must... look at... mandatory training every year, for every nurse... Just like we do with CPR, same thing” (nurse educator 3). One nurse educator summarized their hope for the future of nursing, that “[gender affirming care] should be very routine and integrated... almost 1% of the population in Canada is trans... we will one hundred percent encounter the need to care for trans people...” (nurse educator 7).

### **Box 3.**

#### *Exemplary Quotes for Theme 3, Shifting from Individual Advocacy to Mobilizing Nursing*

##### *Regulators*

<b>Exemplary quotes</b>
<p>“I was told, ‘Oh, my God! Are you really going to talk about, you know transgendered folks? Are you really going to talk about different sexual orientations?’... I said, ‘Well, I got my continuous appointment. I don’t care. You can’t just get rid of me that easily...’ [Laughing]” (nurse educator 1).</p> <p>“[W]hen I think about ... like taking a stand or being a support, I always just focus on being an ally. That it’s actually not my voice that needs to be heard, that it’s other people’s voices and other people’s research... I think for me it’s just using the positional power that I have in order to hopefully allow those opportunities to happen more frequently” (nurse educator 2).</p>

“At the provincial level... organizations like the [provincial regulatory body] and the [provincial nursing association] need to be on board... CNA would be a good one, the Canadian Nurses Association, because they do a lot of advocacy work at like a national level... [and] government support to...” (nurse educator 5)

“[I]t is helpful when governing bodies take stances... I think it, it helps to shift the values... [O]ur resources follow our values. So, if we shift the values then hopefully, our resources will shift” (nurse educator 4).

## Discussion

This study is the first of its kind to focus specifically on nurse educators’ experiences with gender inclusive and affirming practices. Investigating the three levels of curriculum advances the literature on nurse educators’ experiences of formally teaching gender affirming care (Nye et al., 2024) and opens our collective awareness of cisnormativity and the erasure of TGD people in nursing education (Lowik et al., 2024; Mawdsley & Willis, 2023). Among educator participants, there was a spectrum of experience regarding gender inclusive and affirming practices, from curriculum mapping (Sherman et al., 2022) to exploring foundational concepts like gender identity and associated language (Fontenot et al., 2023). Drawing on queer theory, our critical analysis drew our attention to nursing governing bodies – regulators of nursing education and entry-to-practice requirements – who have yet to begin disrupting the dominance of cisnorms, which relegate gender inclusive and affirming practices as optional and *othered* within nursing education (Nye et al., 2023). By bringing these power dynamics into view, we were able to challenge these implicit norms. Below we discuss three examples of cisnormativity operating in undergraduate nursing education and begin to problematize the pervasion of cisnormativity.

Despite major gaps in their own competencies and resources (Moore et al., 2023), all educators in this study were taking steps to embrace gender inclusive and affirming practices in

the formal curriculum – through teaching gender affirming care. However, these are examples of individual champions at SONs, indicating minimal systemic movement, such that these efforts are inadequate and unsustainable in addressing cisnorms and erasure of TGD people (Eickhoff, 2021). Without systemic changes that disrupt cisnormativity’s dominance, the formal curriculum continues to be shaped by this norm and TGD care will remain abnormal and othered (Mawdsley & Willis, 2023; Nye et al., 2024). Thus, gender affirming care continues to reside on the fringes; taught by those with an interest and/or relegated sidebars in textbooks or specific topics (Klepper et al., 2023). Piecemeal approaches to gender affirming care education are insufficient to support generalist nursing students to meet entry-to-practice standards, such as “providing safe, compassionate, competent and ethical care” (Canadian Nurses Association, 2017, p. 8).

Even so, educators themselves require resources to be able to advance gender affirming care education. Similar to our study, educators from several studies have discussed the need for gender affirming textbooks and course resources (Klepper et al., 2023; Ray King et al., 2021). Almost a decade of research has shown educators lack professional development opportunities and curriculum guidelines (Crawford et al., 2024; Lim et al., 2015; Marsh et al., 2022; Moore et al., 2023; Nye et al., 2024; Walsh & Hendrickson, 2015): It would seem little has changed in preparing and supporting educators to deliver gender affirming care content, and even less so in the Canadian context. Nevertheless, educator participants in our study strongly desired and, in some cases, actively sought education and curriculum mapping tools to help implement gender affirming care content, though were mostly unsuccessful in locating meaningful resources.

The steadfast focus of study participants on the formal curriculum (planned/intended teaching) is unsurprising given it is the easiest to *see*, address, and a direct responsibility of the educators. There is an important distinction between efforts to advance gender affirming care

education versus gender inclusive and affirming practices: The former centralizes learning about TGD patients, while the latter empowers and supports TGD people within and among nursing and nursing education (Crawford et al., n.d.). Addressing gender in the formal curriculum by teaching gender affirming care is individualistic, something educators have agency over, and are thus easier to take up than gender inclusive and affirming practices. Conversely, gender inclusive and affirming practices require system-wide changes (including policies and environments) and challenging norms within those systems (i.e., cisnormativity) for a more unified approach.

Educators have not been given the tools to teach gender affirming care, let alone critically examine structures and systems which allow TGD erasure to persist, and so remain unlearned to gender inclusive and affirming practices. So, even as gender affirming care in nursing education is burgeoning, as with other professional education programs (Airton et al., 2024; Gonzalez et al., 2024), gender inclusive and affirming language, role models, environments, resources, and policies that support TGD people within the profession and academy of nursing are minimally considered. This signifies that the ways TGD people within nursing are recurrently erased and made invisible (Kellett & Fitton, 2017; Klepper et al., 2022), continuing to *other* TGD people (Nye et al., 2023). Identifying and calling out cisnormativity in nursing education can provide the insight required to begin the necessary resistance to disrupt the norm (Mawdsley & Willis, 2023; Nye & Dillard-Wright, 2023).

While there is growing evidence that nursing governing bodies are not addressing gender affirming care in undergraduate nursing education (Moore et al., 2023; Shortall, 2019), educators in the present study overtly call out this crucial gap. While few studies have engaged educators beyond formal experiences teaching gender affirming care, there is a growing body of literature in which authors discuss the need for governing bodies to disrupt norms, such as cisnorms

(Kellett & Fitton, 2017; Klepper et al., 2022; Moore et al., 2023). This disruption could take the form of explicitly including gender affirming care in accreditation standards, entry-to-practice requirements, and licensure renewal to name a few. Likewise, accreditation and lack of inclusion on the NCLEX are both barriers to advancing this content across nursing (Nye et al., 2024). In addition to having explicit language in key documents, national accreditors mandating gender affirming care content in the curriculum have been successful and piloted in other health disciplines (Llayton & Caldas, 2020; Rolls et al., 2022; Ufomata et al., 2020). There is a need for an expanded scope of nursing practice, with gender affirming care named explicitly as a competency (Cicero, 2023; Slemon et al., 2024). Akin to participant comments in our study, Moore et al. (2023) exclaim "... no matter how well intentioned, the adoption of inclusive and affirming standards and practices is ineffective without accountability through action-directed outcomes of nursing education's regulatory bodies" (p.11).

### **Implications**

All participants were clear that gender affirming care should be an entry-level competency (Moore et al., 2023). However, an onslaught of barriers prevented educators from implementing gender inclusive and affirming practices across the three levels of curriculum. Two key areas of reflection and action are imperative to begin to disrupt cisnormativity and meaningfully move gender inclusive and affirming practices: educator development and nursing regulatory requirements.

To begin to advance holistic gender inclusive and affirming practices, developing educators' knowledge, awareness, and humility towards these practices (including gender affirming care and associated language) is paramount (Kimmel et al., 2024). Resources currently available to support independent educator study are continually being developed (Cicero et al.,

2024; Luctkar-Flude et al., 2021; Wound, Ostomy and Continence Institute, 2024). Widespread learning could even come from SONs and accreditors. For example, given the success of other National Workshop Series conducted by CASN, we recommend developing a workshop series or e-Learning Modules for gender inclusive and affirming practices, led by TGD community members and leading TGD nursing experts. Creating spaces for ongoing critical discussions focused on gender inclusive and affirming practices may help build educators' confidence and humility in gender inclusive and affirming practices (Kimmel et al., 2024). Communities of practice within and across SONs and nursing organizations can provide opportunities to advance gender affirming care, as well as address broader gender inclusive and affirming practices (Bosse et al., 2024; Hakkola et al., 2021; Wenger-Trayner et al., 2023).

Still, the advancement of gender inclusive and affirming practices will require institutional support and action, including protected time, funding, and leadership engagement (Lowik et al., 2024; Noar et al., 2023), otherwise disrupting cisnormativity remains superficial (Klepper et al., 2023; Moore et al., 2023; Nye et al., 2024). Further, within SONs, curriculum mapping can help advance gender affirming care education to meet the needs of nursing students (Lowik et al., 2024; Sherman et al., 2022). Adapting the Tool for Assessing LGBTQI+ Health Training (Sherman et al., 2022) or the (in-progress) CASN Guidelines from the Committee on Advancing Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC) Equity and Success can be helpful resources. Consulting students, including TGD students about their experiences, is another important accountability measure to help operationalize gender inclusive and affirming practices (Crawford et al., n.d.).

To facilitate nationalizing gender affirming care, nurse educator participants in this study called upon nursing governing bodies to explicitly name and embed gender affirming care into

their requirements and standards (Moore et al., 2023; Sherman et al., 2023; Slemon et al., 2024). Many educators discussed the influence of the NCLEX as driving curriculum, such that implementing gender affirming care within the licensure exam will be needed to support sustainability and nationalization, and further move nursing education (Moore et al., 2023; Nye et al., 2024). Clearly naming and holistically defining gender affirming care as a competency in nursing codes of ethics and annual licensure requirements could be another useful avenue to supporting sustainable implementation and uptake (Royal College of Nursing, 2017; Slemon et al., 2024). Ultimately, having an organized and intentional approach, within and across SONs and nursing regulators, is necessary to support the longevity and normalization of gender inclusive and affirming practices in the profession.

### **Limitations**

This study expands the current literature on the experiences of nurse educators teaching gender affirming care. Limitations to consider when interpreting our results are the small sample size and participants' eagerness to advance gender affirming care. Given the evolving contexts in which nursing education is situated, our results may not be easily transferrable to other nursing education contexts. However, our sample did include a variety of SONs, nurse educator positions, and provinces across the country. Future research will be needed as nursing and nursing education continue to adjust and evolve alongside the evolving climates of TGD care globally.

### **Conclusion**

These results demonstrate the desire of educators to advance gender affirming care in nursing education however they remain uneducated in gender inclusive and affirming practices – environments and resources to support TGD nursing students. To facilitate educator

advancement, there is a need for ongoing education, critical dialogue, and time which could be addressed intentionally through a community of practice. Yet, nurse educators cannot be the sole benefactors of gender affirming care nor gender inclusive and affirming practices: Without widespread, sustainable adaptation and action of these practices across nursing structures, they remain individualistic (McGibbon, 2023). There is a need for greater involvement and leadership from nursing structures, such as SONs, accreditors, and regulatory bodies, all of which are steeped in cisnormativity (Cicero, 2023; Shortall, 2019). Despite the growing impetus that gender affirming care is a generalist nursing requirement (Moore et al., 2023), the continued lack of specificity will continue to pose problems for the sustainability and normalization of gender affirming care. Further, clarifying and calling attention to the distinction between gender affirming care (formal curriculum) and gender inclusive and affirming practices (all curriculum levels) is crucial – TGD people are not uncertain *others* to be cared for but are among us, nurses (Crawford et al., 2024). Having a systematic approach in place supports future generations of nurses by disrupting cisnormativity; thereby, improving health equity for TGD patients, along with enriching the learning and working environments of TGD nurses and students.

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## **Chapter 5: Conclusion and Discussion**

The overall aim of this thesis was to understand undergraduate nursing students' and educators' experiences of gender inclusive and affirming practices. Three key approaches were used to explore this phenomenon: (a) a detailed scoping review, an interpretive description study with (b) student focus groups and (c) semi-structured interviews with educators. In this chapter, I provide a discussion and synthesis, bringing together the results from each of the three findings chapters to highlight how gender inclusive and affirming practices are operating in schools of nursing (SONs) in Canada. Then, I discuss the strengths and weaknesses of the thesis, the implications of the thesis findings, and recommendations for research. I conclude this chapter by outlining knowledge translation and dissemination strategies.

### **Overview of Key Findings**

This thesis aimed to address three objectives, to: (1) map what is currently known about gender inclusive and affirming practices in undergraduate nursing education in the literature; (2) explore gender inclusive and affirming practices within SONs across the (a) formal, (b) informal, and (c) hidden curriculum levels; and (3) (re)vision gender inclusive and affirming practices for nursing education. Below are chapter summaries addressing key findings and recommendations from each study chapter (Chapters 2-4).

#### **Chapter 2: The Scoping Review**

The scoping review study addressed the first objective, to map the literature about gender inclusive and affirming practices in undergraduate nursing education (Crawford et al., 2024). Drawing on Arksey and O'Malley (2005) and updates from Levac et al. (2010), this scoping review included 47 articles. To add depth to mapping the three levels of curriculum, a review of 22 SONs websites was conducted. Findings from both searches revealed that trans and gender

diversity is a rarity across all levels of curriculum. For instance, while there are increases in the number of instances of gender affirming care being taught in the formal curriculum, the majority of gender affirming care education was relegated to one-time instances, often simulation. The dearth of sustainable integration of gender affirming care content suggests that undergraduate nursing education *others* transgender and gender diverse (TGD) people, teaching about TGD care in the fringes, often stigmatizing TGD people in the process. Instances of othering and stigma are unsurprising given the paucity of articles focused on educator development in this area. Further, institutional erasure was noted in the SON website search, which reflected cisnormativity through the absence of gender inclusive and affirming language; minimal explicit pronouns and diversity of pronouns; minimal funding for this work; and the absence of explicit TGD authorship. While not overtly named in the scoping review paper, these instances were initial evidence of cisnormativity's existence within SONs. Key recommendations stemming from the scoping review included integrating equity, diversity, and inclusion into simulation (Nakajima et al., 2022), supporting educator development in gender affirming care (Cox et al., 2023; Shortall, 2019), fostering gender inclusive and affirming environments in nursing education (i.e., washrooms, language, TGD representation among faculty) (Kellett & Fitton, 2017; Klepper et al., 2022), and embedding gender inclusive and affirming practices in accreditation and nursing licensure requirements.

### ***Canadian Context***

While the scoping review was broadly Canada and the USA, it is important to situate the findings in the Canadian context of the wider thesis study. Only seven articles selected in the scoping review were situated in Canada, four of which discussed the same virtual simulation-based project (Luctkar-Flude et al., 2020; Luctkar-Flude et al., 2021; Luctkar-Flude et al., 2022;

Tyerman et al., 2021). Notably, 13 Canadian SONs websites were reviewed, yielding the sole course in the review that included gender, a *2SLGBTQ students in nursing* group, 24 educators who shared pronouns on their institutional profiles (4% of Canadian profiles), and three who had published research about TGD people (0.5% of Canadian profiles).

### **The Interpretive Description Study**

An interpretive description (Thorne, 2016) study, focusing on undergraduate nursing students and educators at SONs in Canada, was conducted to address objectives two (experiences with gender inclusive and affirming practices) and three (reimagine the future of gender inclusive and affirming practices in nursing education). Students and educators offer unique, important, and underreported perspectives in the context of understanding experiences of learning and teaching gender inclusive and affirming practices in SONs.

### ***Chapter 3: Undergraduate Nursing Student Focus Groups***

Students were invited to participate in focus groups if they had completed at least one year of undergraduate nursing education and spoke English. Initial data collection involving students (n=18) sought to understand how gender inclusive and affirming practices were experienced, and follow-up sessions (n=13) asked students to imagine a more inclusive and affirming future for undergraduate nursing education. Key to student experiences was the dominance of cisnormativity across all three levels of curriculum, operating through informational, relational, and institutional power and norms (Nye et al., 2023), which often made students question their ability to care for TGD people. The dominance of cisnormativity was particularly challenging for TGD students, who accounted for almost half of the student participants (n=8). While students identified some educators as supportive of TGD content and TGD students, TGD students reported feeling tokenized by having to teach their educators and

peers, while also experiencing hurtful discrimination and constant erasure of their existence across all levels of curriculum. Students' recommendations to advance gender inclusive and affirming practices in SONs were centered around four key areas. Firstly, students spoke about educators' responsibility to normalize gender diversity in formal nursing education. Suggestions were the intentional inclusion of TGD content and intersectional guest speakers, having gender affirming care embedded in learning objectives, and using gender-neutral, body-first language. Next, students highlighted the need for accountable SONs, such as by measuring gender inclusive and affirming practices and addressing "micro"aggressions. Students also recommended SONs improve TGD representation, from admitting and recruiting TGD students and staff to having gender inclusive and affirming environments and policies. Finally, students recommended nursing governing bodies normalize gender inclusive and affirming practices, such as explicitly naming gender affirming care in accreditation and licensure examination and requirements.

#### ***Chapter 4: Undergraduate Nurse Educator Interviews***

Undergraduate nurse educators (n=7) participated in one-on-one interviews to explore their experiences with gender inclusive and affirming practices (initial data collection) and to (re)vision the future, including delving into what supports are needed to advance their practice (follow-up session). Results from interviews with educators indicated that all believed preparing undergraduate nursing students to care for TGD people was vital. Participating educators were mostly centered on the formal curriculum (i.e., teaching) by trying to implement gender affirming care into their courses. Absences of formal training and curricular guidance on gender affirming care were resoundingly problematic barriers, rooted in unquestioned cisnorms. Furthermore, conflating sex, sexuality, and gender, along with using incorrect terminology

demonstrated the effects of cisnormativity. Many educators expressed ambivalence towards the presence of TGD students and none were aware of any resources to support TGD students in their institution; further evidence of the erasure of TGD people within the academy and demonstration of cisnormativity operating. However, during the interviews, educators began to reflect upon the importance of having safe, inclusive, and affirming environments for TGD students in nursing. Educator recommendations centered around the need for multi-layered tools to facilitate gender affirming care in undergraduate nursing education, including ongoing faculty development, such as a community of practice; curriculum mapping and implementation guidelines; embedding gender affirming care on the National Council Licensure Examination (NCLEX); and explicitly naming gender affirming care as a competency in nursing accreditation and licensure requirement.

### **Discussion and Synthesis**

Across all three papers, cisnormativity has been exposed as a barrier to advancing gender inclusive and affirming practices in undergraduate nursing education. Cisnormativity signifies the presence of a set of assumptions about gender, gender roles, and the rigid gender binary. Those outside of cisnorms are effectively *othered* through erasure, abnormality, deviance, and stigma (McCann & Monaghan, 2020). This is important to note because nursing education, in all facets, remains rooted in cisnormativity, wherein TGD people are *othered* in formal, informal, and hidden curriculums. This has far-reaching impacts.

Cisnormativity has been unreported in the nursing literature (Crawford et al., 2023; Henriquez et al., 2019; Nye et al., 2024), though its prevalence, as revealed in this thesis, is logical given nursing is situated in Western society, where cisnorm values were forced into what we now call Canada (and other *nations*) by white colonial settlers (Aguirre, 2024; Hunt, 2016).

As is demonstrated in this thesis, the dominance of cisnormativity stifles the profession of nursing's capacity to address health equity for TGD patients. When cisnorms remain unchallenged and accepted as normal, health and healthcare will remain embedded in outdated ideas of rigid gender binaries. These outdated ways of perceiving gender influence how we assess health, healthcare pathways created for our patients, health policies, and the development of healthcare environments, as within all of these, TGD people will at best exist as anomalies, abnormal, or erased. For nursing to advance alongside current socio-political contexts surrounding gender, cisnorms must be recognized and disrupted. The importance of this advancement is to ensure that we meet our code of ethics, to provide patient-centered care (Canadian Nurses Association, 2017).

Driven by queer theory (McCann & Monaghan, 2020) and the three levels of curriculum framework (Hafferty, 1998), this thesis used three key approaches to reveal cisnormativity in undergraduate nursing education: the unique approach to a scoping review, including looking at scholarly articles and SONs websites (Chapter 2), focus groups with students, including TGD students (Chapter 3), and interviews with nurse educators (Chapter 4). In this section, I draw on the three levels of curriculum and queer theory to synthesize how cisnormativity operated across the curriculum in all of the findings chapters. In doing so, I touch briefly on the consequences of othering TGD people and students.

### **Formal Curriculum**

Given the formal curriculum is the easiest to evaluate, it is not surprising that there are many examples across each paper of cisnormativity's predominance in undergraduate nursing education. With cisnorms the mainstay of formal undergraduate nursing learning, TGD people are left to the fringes, often *othered* by their health being relegated to mental and sexual health

topics. With TGD people as *special considerations* in sidebars in textbooks (Klepper et al., 2023; Ray King et al., 2021), as reported by students, they are effectively eliminated from the *regular* formal curriculum, and trans-erasure is perpetuated. In addition, gender affirming care content was often taught by a few key educators. When content remains taught mostly by individual champions, sustainability and normalization of gender affirming care is limited. Ultimately, cisnormativity is evident when TGD people are not seen, discussed, or deemed normal, important learning in the formal curriculum.

Problematically, educator and student participants felt concerned that students were not prepared to enter practice and provide safe, ethical care for TGD people. While the scoping review indicated there are some single-instance interventions which can increase student competence in gender affirming care (Crawford et al., 2024; Ness et al., 2023; Webb & Zablocki, 2023), the longevity of this increase has not been well studied. What's more, educators are not prepared to deliver this content (Moore et al., 2023; Nye et al., 2024). Educators shared an absence of training opportunities in gender affirming care, students feel and experience their lack of competence in this area, and the scoping review further confirmed that educators are seldom the focus of interventions on gender affirming care. It is perplexing that we expect students to learn about gender affirming care from educators who themselves have not learned about gender affirming care. Consequently, students felt ill-prepared to practice according to nursing standards of practice, ultimately continuing the health inequities of TGD patients. This is one of the pernicious ways cisnormativity works.

### **Informal Curriculum**

The informal curriculum was afflicted with relational cisnormativity, presenting most often through language, role modelling, and interactions with TGD students. There remain crucial

misunderstandings between sex, gender, and sexuality which allow cisnormativity (and other norms such as heteronormativity and gender essentialism) to persist (McCann & Monaghan, 2020). When asked about TGD people, oftentimes educators and non-TGD students would mention gay people, not recognizing or rectifying this conflation of sexuality and gender, perpetuating both homonormativity (the normalizing of lesbian and gay people as a *normal* sexuality) and cisnormativity (McCann & Monaghan, 2020). Another language/knowledge challenge across many articles and study participants was gender essentialism. Gender essentialism is the conflation of sex assigned at birth with gender, using the terms male and man, and female and woman interchangeably. What's more, gender essentialism is cisnormative, maintaining the rigid binary of man/male and woman/female, overlooking intersex and TGD people (Lowik et al., 2024). Another obvious language challenge was the use of some version of the LGBT+ acronym as a placeholder which lacked specificity across several articles and participants. For instance, some articles would be focused on TGD care as a formal intervention but prepare and evaluate students using LGBT resources broadly (Crawford et al., 2024). Educators (participants and authors) also tended to refer to LGBT+ people when specifically asked about TGD people. In either case, discerning TGD-specifics was sometimes challenging as a researcher. These linguistic challenges stimulate uncertainty and further contribute to othering TGD people. Cisnormativity is seen in this learned and normalized system of language, which makes TGD people an afterthought, abnormal, and a challenge to integrate linguistically.

Relational cisnormativity was also discerned from experiences of role modelling. Student participants discussed the problematic behaviours of nurse educators and clinical mentors who would debate about what is *wrong* with TGD people. In the classroom, students who offered language or content corrections were scolded. In one instance, a (not publicly *out*) TGD student

was told they were being transphobic by their class when they offered a correction to a textbook description of sexuality as encompassing transgender people. In another instance, a TGD student lost marks for using they/them pronouns for a fictional patient in an assignment. While both participant groups discussed students as leaders and educators, TGD students reported a large burden of this education. In this way, even in offering correct information, disrupting cisnormativity led to consequences.

Clinical interactions were often fraught with cisnormativity, though these experiences have not been reported on in the literature. Several educator participants were not involved in clinical settings, so were often unaware of placements that would offer exposure to caring for TGD people or of the anti-trans discrimination that occurred in clinical settings. However, one educator mentioned supporting a clinical placement student to obtain/create gender affirming resources for a TGD patient post-operative mastectomy (the student brought the absence of these resources to the educators' attention). Several students reported working with nurse mentors in clinical who would devalue TGD people. Some nurses would have casual conversations about their negative opinions of TGD people and others would outright refuse to use TGD patients' chosen names and pronouns. Students felt the power imbalance and, while some advocated actively for the patient, students rarely felt supported by other nurses and/or their clinical facilitator.

The combination of cisnormative language and role modelling impacted TGD students, who felt erased and sometimes unsafe. Nurse educator participants rarely knew of any TGD nursing students they had taught, some questioning why this was and what type of environment was needed to support TGD students to feel safe to be their authentic selves. Some even felt guilty they had not previously considered the presence of TGD students. Likewise, articles in the

scoping review sparsely gave thought to the presence of TGD nursing students (Crawford et al., 2024; Kellett & Fitton, 2017; Klepper et al., 2022). Cisnormative assumptions of nursing students as cisgender consequently meant TGD students bore this invisibility. Language use towards TGD students often involved misgendering from peers, educators, colleagues, and patients. This was frustrating, ostracizing, and belittling. Some students offered corrections, while others expressed hesitancy of retribution and fatigue, and indeed some were not public with their gender identity. In this way, cisnormativity erases TGD nursing students from conversations and thoughts among us. Nursing education is a time when nursing students grapple with their growing professional identity, but for TGD students a sense of belonging was often stifled because of cisnormativity.

### **Hidden Curriculum**

This thesis identified many barriers caused by cisnormativity in the hidden curriculum, within and across SONs. Additionally, as nursing education is governed by nursing bodies outside of SONs, the hidden curriculum as steeped in cisnormativity reflects the professions' wider stance on TGD people. Students receive messages about gender inclusive and affirming practices even before they learn these values in formal coursework if they learn about gender inclusive and affirming practices at all (Hafferty, 1998). One such message received was the absence of TGD educator representation. A student participant reported searching prospective SONs for symbols of TGD inclusion and was disappointed to learn there were no TGD educators at their selected SON. No students, educators, or articles reported on TGD educators, and the SON website search revealed one educator (out of 1151 searches) with neopronouns. So, even before entering a SON, the message is that nursing is for cisgender people and that TGD people lack belonging in nursing.

The nursing student handbook is another example of cisnormativity. As reported by students, the handbook is one of the first documents students receive upon entering a nursing program. While reviewing student handbooks was beyond the scope of this thesis, student participants mentioned this document as a site of TGD erasure, referencing *gender* only in the context of broad nondiscrimination policies. Some non-TGD study participants felt the erasure and exclusion of TGD people were sometimes being addressed in documents through changing pronouns from binary language (i.e., she/he) to inclusive language (i.e., *the student will*, or *they/them pronouns*). Educators felt this changing language was a huge stride forward. However, neither students nor educators knew of any policies explicitly supporting TGD students nor how to navigate instances of anti-trans discrimination. Only one article in the scoping review focused on rectifying *microaggressions* of nursing students being misgendered (Whitney et al., 2020). However, the larger enduring impact of these and other instances of discrimination posed real-world problems for TGD students who reported often wanting support, safety, and accountability to rectify situations of anti-trans discrimination which they experienced. Policies to navigate name changes across student participants' institutions were mixed, with some students finding this process seamless and others having no means possible to have their chosen name listed, in some cases being constantly outed. Overall, while there are inclusive diversity statements, TGD students felt policies were insufficient to meet their needs as TGD students.

Evaluation of students and future nurses was another topic of interest among participants, though rarely mentioned in articles from the scoping review. Students identified cisnormativity among their tests and assignments or mentioned that, in some instances, an educator would place they/them pronouns in a case scenario without ever integrating these pronouns into their care. Some students and certainly all educators were concerned about the power the NCLEX holds in

driving curriculum requirements, though not all were aware the NCLEX is absent of gender affirming care content. In addition to the influence of the NCLEX, some articles, students, and educators recognized that accreditation and approval processes by the Canadian Association of Schools of Nursing (CASN) and provincial/territorial governing bodies excluded content specific to TGD people. Concerns stemming from all three studies point to these institutions – examiners, accreditors, and regulators – which guide nursing curriculum, as *othering* TGD people. The lack of inclusion of TGD people and gender inclusive and affirming care practices in testing, throughout nursing education, and thereafter indicates a valuing of cisgender patients, both within SONs and the larger profession. Some students had reviewed provincial/territorial and national nursing competencies and felt they required an overhaul to explicitly include gender affirming care as entry-to-practice, generalist nursing requirements. The imperative to prepare entry-level nurses to care for TGD people was echoed by educators.

Educators faced challenges when seeking financial support from their SON for training or guest speakers. Reported by educator participants and as found in the scoping review, with only nine articles indicating granted funding (four for the same project). While there were also nine articles which collaborated with TGD people, only one study discussed reciprocity in the form of honoraria for TGD collaborators (Ness et al., 2023). In some cases, educator participants paid guest speakers on their own. Educator participants noted they struggled to obtain funding and resources for any topic, not just specific to gender affirming care. However, access to honoraria to build reciprocal relationships with TGD people is important to advancing nursing education and disrupting cisnorms.

SONs, clinical, and institutional environments overall were sites of cisnormativity. Students of all genders and many educators pointed out the limited-to-absent existence of gender

inclusive, accessible washrooms across all settings. Very few participants of any gender felt that their SON exhibited visible signs of gender inclusion and affirmation. Students and educators differed on the value of safe/positive space stickers, students not knowing whether these symbols belonged to the current individual, or what kind of training and understanding they came with. Some TGD students reported challenges in navigating gendered spaces in clinical settings, and educators corroborated this, particularly when referencing older hospital institutions. Out of necessity, multiple TGD students requested a TGD-supportive space, group, or club to empower them throughout nursing. Overall, the hidden curriculum revealed barriers to gender inclusive and affirming practices both for caring for TGD people through erasure from entry-to-practice requirements and testing, and for TGD nursing students who do not see themselves as represented across documents, policies, environments, or formal curriculum.

### **Strengths and Limitations**

This thesis offered an in-depth look at the three levels of curriculum as they pertain to gender inclusive and affirming practices. Strengths across this thesis include the chosen theoretical frameworks of queer theory (McCann & Monaghan, 2020) and Hafferty's (1998) three levels of curriculum, which offered guidance for each component of this study. The scoping review drew on scholarly literature and added depth through the SON website search (Crawford et al., 2024). The interpretive description (Thorne, 2016) study had participants situated in rural and urban SONs, across provinces in colonial Canada, and included representation of TGD nursing students. Another strength, as indicated by TGD nursing students, interest and safety in participating in this study was largely due to the researchers' declared positionality as a TGD nurse.

Researcher positionality can also be a limitation, though careful steps to address credibility and rigour were attended to throughout (Thorne, 2016). The attention to credibility and rigour can help with the transferability of study findings, which is a challenge with all qualitative studies, especially given the socio-political context in which this research was conducted (Thorne, 2016). Convenience and snowball sampling were used for both participant groups, indicating a potential for selection bias among participants (Thorne, 2016). Additionally, recruitment took place during the summer months, much of which was on social media, which often tailors content to one's interest, so it is possible the study missed potential participants by recruiting in these ways. Given the challenges of extracting and seeing the various levels of curriculum, it is possible that the interview guides missed some components that would have helped examine the three levels of curriculum.

### **Implications**

The findings from this thesis indicate that nursing education operates within and perpetuates cisnormativity. When looking at the multiple ways students learn, interventions across the three levels of curriculum in nursing education are critical sites of intervention to advance the health equity of TGD people and amplify TGD people in nursing. In this section, I synthesize implications from across the three findings chapters. Importantly, this thesis does not outline the best starting point but recognizes that starting somewhere is vital. There are many people and processes that shape the curriculums, including, but not limited to nurse educators, nursing leaders (i.e., directors and deans), nursing students, nurse researchers, nursing governing bodies, and nursing policies, environments, resources, and evaluation mechanisms. Effective disruption of cisnormativity will require united efforts from each of these people and processes. An intervention at any level is likely to have an impact, but interventions across multiple people

or processes will be more sustainable, and more likely to have a systemic impact, crucial to normalizing and nationalizing gender inclusive and affirming practices (Crawford et al., 2024).

### **Formal Curriculum**

There are critical overhauls needed to embed gender affirming care in formal undergraduate nursing education. Curriculum mapping and levelling can help to ensure nursing students receive a rich grounding and preparation in gender affirming care (Lowik et al., 2024; Sherman et al., 2022). To support this, students (and educators) require access to accurate and non-stigmatizing course resources, such as textbooks (De Guzman et al., 2018; Klepper et al., 2023; Ray King et al., 2021), and competent and knowledgeable educators (Moore et al., 2023; Nye et al., 2024). Excitingly, there is a growing body of nurse-created resources to support this education (see <https://genderinclusiveandaffirmingnursing.softtr.app/>). As identified in each component of this thesis, educators require (and requested) support and ongoing learning opportunities regarding gender inclusive and affirming practices. While there are some foundational, self-directed, nurse-created resources for educators to engage in independent learning (see <https://soginursing.ca/>, <https://www.wocinstitute.ca/2slgbtqia>, Cicero et al., 2024), moving beyond individualism is vital to advance gender inclusive and affirming practices.

### **Informal Curriculum**

Developing educators' knowledge in gender affirming care can also bolster the informal curriculum by helping educators to use appropriate gender inclusive and affirming language. Importantly, unified normalization of gender inclusive and affirming language within and across SONs would be helpful. Disrupting cisnormativity requires reframing, addressing, and adapting to constantly evolving language (Tengelin & Dahlborg-Lyckhage, 2017). While language use is

important for gender inclusive and affirming practices, it is only one step towards equity and one component of action required.

Another component of the informal curriculum is gender inclusive and affirming relationships and role modelling. Normalizing the diversity of genders within and beyond the classroom setting, by disrupting assumptions that all students/nurses are cisgender, is vital (Klepper et al., 2022). This means creating safe, accountable classroom spaces where students can be their authentic selves, including addressing and preventing *microaggressions* (Kellett & Fitton, 2017). Some useful approaches to role model disruption include norm-critical teaching (Nye et al., 2023) and adapting De Sousa et al.'s (2024) framework to fostering critical awareness and engagement with social justice.

### **Hidden Curriculum**

While interventions aimed at supporting student and educator learning are important, without meaningful institutional buy-in and action, these changes are performative (Lowik et al., 2024). SONs and leaders within SONs have much work to do to disrupt cisnormativity and normalize gender diversity in their institutions. Formal and informal leaders play a role in recognizing and resisting power structures, such as cisnormativity, and building capacity for gender inclusive and affirming practices. Moving towards critical adaptive systems thinking and critical leadership are helpful approaches leaders can take to begin to address these needs (McGibbon, 2023). Gender inclusive and affirming institutional environments can include affirming washroom and changeroom access, name change policies for class and clinical documentation, and pathways to support reporting anti-trans discrimination, alongside appropriate remediation and support (Butler et al., 2019; Mawdsley & Willis, 2023). Creating

safe, inclusive, accessible environments and policies can help recruit and retain TGD students, educators, and leaders within SONs (Kellett & Fitton, 2017).

### **Beyond SONs**

Changes from educators and SONs alone are not enough to fix the system of cisnormativity: We need a systemic shift, or we will continue to develop nurses who are not gender inclusive and affirming. Structural action and changes are needed from all levels of nursing, including healthcare systems and governments (though, not discussed in this thesis). For nursing governing bodies, this means addressing gender inclusive and affirming practices in those processes that guide nursing education. Explicitly naming gender affirming care in accreditation standards and providing tools to support cross-curricular implementation of these standards would be valuable (Lowik et al., 2024; Sherman et al., 2022). Embedding gender inclusive and affirming practices within entry-to-practice competencies, licensure requirements, and NCLEX evaluation will also help guide and prioritize nursing education toward these practices (Crawford et al., 2024; Moore et al., 2023; Slemon et al., 2024). Supporting current nurses to advance gender inclusive and affirming practices through annual licensure requirements and professional development opportunities can be a helpful intervention as well (Royal College of Nursing, 2017).

### **Research Implications**

Many areas of research can help advance gender inclusive and affirming practices in nursing. As cisnormativity in nursing has not been well studied, delving into cisnormativity further can help set a solid foundation for future application and disruption. For example, a concept exploration of cisnormativity in nursing could be useful for better understanding cisnormativity, its history, how it operates within the field, and how to recognize cisnormativity

working. A scoping review of cisnormativity in healthcare professional education could be beneficial to understanding how cisnormativity is functioning in healthcare. For instance, Mawdsley and Willis (2023) and Butler et al. (2019) have looked at cisnormativity in pharmacy and medical school education, respectively.

Future research can build on this thesis, including the use of critical theoretical perspectives to continue to reveal and create pathways to disrupt cisnormativity. Inherent to these critical perspectives is leveraging relevant queer perspectives/theories, such as transgender theory, queer Indigenous studies, queer disability studies, feminist studies, and/or critical race theory (McCann & Monaghan, 2020). Future research could also look to intersectionality theory (Crenshaw, 1989) to investigate the co-occurrence of multiple systems of norms and oppression and their impact on gender inclusive and affirming practices. Critical theories can help develop a deeper understanding of how cisnormativity and/or gender inclusive and affirming practices operate across the three levels of curriculum.

The present thesis had several recommendations: Research into the interventions across any of the levels of curriculum would be beneficial to advancing our collective understanding of gender inclusive and affirming practices. For instance, research into a community of practice for educators around gender inclusive and affirming practices could support the implementation and growth of a similar community elsewhere. Analyzing and evaluating interventions such as curriculum mapping resources (Lowik et al., 2024; Sherman et al., 2022), NCLEX questions, and updating nursing competencies will also be paramount. How nursing takes up gender inclusive and affirming practices across the three levels of curriculum has implications on TGD patient care, even if TGD patient care is not the focus of research. However, research into TGD patient

care and experiences is also valuable for evaluating the impact of gender inclusive and affirming practices.

Imperative in future research is to advance our collective knowledge of the experiences of TGD students and educators. Efforts to understand how TGD people feel included, affirmed, and safe to be their authentic selves could support the growth of TGD people in nursing. While the present study did include 2 Spirit people, no participants identified as such, and, given the unique relationship 2 Spirit people have with their sexuality and/or gender and culture, it is important to amplify 2 Spirit people and recognize their unique positionality, offerings, and needs (2 Spirits in Motion Society, 2022; Hunt, 2016). The present study also focused on undergraduate nursing education, more research into gender inclusive and affirming practices as well as experiences of TGD nursing students and educators in graduate-level nursing, including nurse practitioner education, is required. Future research into nurses' experiences with gender inclusive and affirming practices and TGD nurses' experiences is also warranted.

While much research (and indeed this research) has focused on some of the deficits and barriers to gender inclusive and affirming practices and as faced by TGD students, it is also important to conduct research that is strengths-based and affords future-building (Sharman, 2021). Of critical importance in future research is the reciprocal and meaningful involvement of TGD people, as per the saying derived from disability studies and adapted to equity-owed groups, "nothing about us without us" (Charlton, 1998). Community-based research grounded in queer theory is one avenue to support this process (Morgan et al., 2021; Préfontaine et al., 2023). Finally, it is important to recognize the evolving nature of gender inclusive and affirming practices and political contexts, such that any research in this area requires flexibility and critical awareness.

## Knowledge Translation and Dissemination

Knowledge translation (KT) and dissemination of findings from this thesis have already begun. Study findings have been shared through conference presentations, posters, presentations to undergraduate and graduate nursing and health science students, and through unique avenues such as a panel presentation through the Healthcare Management Forum that discussed *Applying critical leadership to advance 2SLGBTQIA+ health equity: A complex adaptive systems approach* (McGibbon, 2023). Chapter 2, the scoping review has been published, open-access, in *Nurse Education Today* (Crawford et al., 2024), while Chapter 3 has been submitted for publication to a peer-reviewed nursing journal at the time of writing.

In the spirit of reciprocity (McCann & Monaghan, 2020), students and educators were invited to participatory KT activities. Educator participants are invited to provide their feedback on Chapter 4 and are given the option to waive their anonymity for co-authorship recognition. This manuscript will be submitted to an agreed-upon journal. Student participants (n=18) were invited to a 2-hour KT workshop on Zoom, introducing them to KT before presenting them with the preliminary conceptual diagram for feedback. Notably, students (especially TGD students) reported feeling seen and validated by the preliminary findings. Students were then asked how they would like to share the findings from this study. Students wanted to support nursing educators in gender inclusive and affirming practices, as such, a living resource – which includes a growing list of nursing-specific/-made articles and tools – for gender inclusive and affirming nursing education was created (see <https://genderinclusiveandaffirmingnursing.softr.app/>). Students were also invited to waive anonymity, provide feedback on, and co-author a poster on the living gender inclusive and affirming nursing resource, which was presented at the CASN Conference in Calgary, in 2024. All students were given the reference to add to their résumé;

those who chose not to waive anonymity could do so under the group name, *Gender Inclusive and Affirming Practices (GIAP) Nursing Student Advisory Group*.

Additional KT opportunities include presentations to funders, researchers, educators, SONs, and conferences. (Invitations to present at SONs and related areas will be considered, with reciprocal compensation for presentation efforts.) There is potential to create a brief recorded presentation of findings to share online for educators and SONs to begin to know about gender inclusive and affirming practice. The findings will also be relevant and may help guide CASNs Advancing SOGIESC Equity and Success Committee. There are possible secondary analyses to consider at a future date.

### **Conclusion**

This thesis provides foundational knowledge on how cisnormativity operates in and beyond undergraduate nursing education. Currently, most efforts towards gender inclusive and affirming practices are occurring at the formal curriculum level, often by individual nurse educators. While providing formal knowledge on gender affirming care is important to support TGD patient care, it is not enough to bring awareness in piecemeal, independent, one-off classes or instances. This thesis also elevates and reminds nursing that TGD people exist in all spaces, including within nursing education. Intentional action is needed from all levels of nursing education to meaningfully address and embed gender inclusive and affirming practices.

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## Appendix A

### Search Strategies

#### Medline

1	Health Services for Transgender Persons/
2	Transsexualism/
3	Gender Identity/
4	gender dysphoria/ or "sexual and gender disorders"/
5	sexual and gender minorities/ or transgender persons/
6	(transgender* or transsexual* or transexual* or transvest* or transmasc* or trans masc or transfem* or trans fem* or nonbinary or non binary or male to female or female to male or gender varian* or gender non conform* or gender nonconform* or gender diverse or gender identity or genderfluid* or gender fluid* or genderqueer or gender queer or gender expression* or gender continuum or two spirit* or 2Spirit* or gender affirm* or 2SLGBTQ* or LGBT* or GLBT* or queer* or transnormative or trans normative or trans gender* or trans m#n? or transm#n? or transwom#n? or trans people or transpeople or trans person? or transperson? or trans identified or trans patient or trans health* or sexual minorit* or sexual ident* or gender minorit* or gender dysphori* or trans* affirm* or gender incongruen*).mp.
7	1 or 2 or 3 or 4 or 5 or 6
8	education, nursing/ or education, nursing, associate/ or education, nursing, baccalaureate/ or education, nursing, diploma programs/ or nursing education research/
9	Students, Nursing/
10	Faculty, Nursing/
11	Schools, Nursing/
12	8 or 9 or 10 or 11
13	7 and 12
14	limit 13 to english language

**Embase**

1	groups by sex/ or exp transgender/
2	transgenderism/
3	gender identity/
4	transvestic fetishism/
5	exp "sexual and gender minority"/ or exp lgbtqia+ people/
6	transphobia/ or "discrimination against sexual and gender minorities"/
7	exp gender dysphoria/
8	transsexuality/ (transgender* or transsexual* or transexual* or transvest* or transmasc* or trans masc or transfem* or trans fem* or nonbinary or non binary or male to female or female to male or gender varian* or gender non conform* or gender nonconform* or gender diverse or gender identity or genderfluid* or gender fluid* or genderqueer or gender queer or gender expression* or gender continuum or two spirit* or 2Spirit* or gender affirm* or 2SLGBTQ* or LGBT* or GLBT* or queer* or transnormative or trans normative or trans gender* or trans m#n? or transm#n? or transwom#n? or trans wom#n? or trans people or transpeople or trans person? or transperson? or trans identified or trans patient or trans health* or sexual minorit* or sexual ident* or gender minorit* or gender dysphori* or trans* affirm* or gender incongruen*).mp.
9	
10	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9
11	exp nursing education/
12	nursing student/ or baccalaureate nursing student/
13	11 or 12
14	10 and 13
15	limit 14 to (english language and (article or article in press or editorial or "review"))

**CINAHL**

S16	S7 AND S12	Narrow by Language: English Search modes - Boolean	
S15	S7 AND S12	Narrow by Source Type: academic journals and dissertations Search modes - Boolean	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S14	S7 AND S12	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S13	S7 AND S12	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S12	S8 OR S9 OR S10 OR S11	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text

S11	(MH "Schools, Nursing")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S10	(MH "Faculty, Nursing")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S9	(MH "Students, Nursing") OR (MH "Students, Nursing, Baccalaureate") OR (MH "Students, Nursing, Diploma Programs") OR (MH "Students, Nursing, Practical")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S8	(MH "Education, Nursing") OR (MH "Education, Nursing, Baccalaureate") OR (MH "Education, Nursing, Associate") OR (MH "Education, Nursing, Diploma Programs") OR (MH "Education, Nursing, Practical") OR (MH "Education, Nursing, Research- Based")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S7	S1 OR S2 OR S3 OR S4 OR S5 OR S6	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced

			Search Database - CINAHL with Full Text
S6	transgender* OR transsexual* OR transexual OR transvest* OR transmasc* OR “trans masc” OR transfem* OR “trans fem*” OR nonbinary OR “non binary” OR “male to female” OR “female to male” OR “gender varian*” OR “gender non conform*” OR “gender nonconform*” OR “gender diverse” OR “gender ident*” OR genderfluid* OR “gender fluid*” OR genderqueer OR “gender queer” OR “gender expression*” OR “gender continuum” OR “two spirit*” OR 2Spirit* OR “gender affirm*” OR 2SLGBTQ* OR LGBT* OR GLBT* OR queer* OR “trans normative” OR transnormative OR “trans gender*” OR “trans man*” OR transm#n* OR transwom#n* OR “trans wom#n*” OR “trans people” OR “transpeople” OR “trans person*” OR transperson OR “trans ident*” OR “trans patient” OR “trans health*” OR “sexual minorit*” OR “sexual ident*” OR “gender minorit*” OR “gender dysphori*” OR “trans* affirm*” OR “gender incongruen*”	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S5	(MH "Gender Identity") OR (MH "Androgyny (Psychology)") OR (MH "Gender Transition") OR (MH "Questioning Persons")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S4	(MH "Transphobia")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S3	(MH "Gender Dysphoria")	Search modes - Boolean/Phrase	Interface - EBSCOhost

			Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S2	(MH "Nonbinary Persons") OR (MH "Gender- Nonconforming Persons") OR (MH "Sexual and Gender Minorities") OR (MH "Transgender Persons+") OR (MH "LGBTQ+ Persons")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text
S1	(MH "Gender Affirming Care")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL with Full Text

**SCOPUS**

```
( TITLE-ABS-KEY ( ( transgender* OR transsexual* OR transexual OR transvest* OR
transmasc* OR "trans masc" OR transfem* OR nonbinary OR "non binary" OR "male to female"
OR "female to male" OR "gender varian*" OR "gender non conform*" OR "gender
nonconform*" OR "gender diverse" OR "gender ident*" OR genderfluid* OR "gender fluid*"
OR genderqueer OR "gender queer" OR "gender expression*" OR "gender continuum" OR "two
spirit*" OR 2spirit* OR "gender affirm*" OR 2slgbtq* OR lgbt* OR glbt* OR queer* OR "trans
normative" OR transnormative OR "trans gender*" OR "trans man*" OR transmen* OR
transman OR "trans men*" OR transwoman* OR transwomen* OR "trans woman*" OR "trans
women*" OR "trans people" OR "transpeople" OR "trans person*" OR transperson OR "trans
ident*" OR "trans patient" OR "trans health*" OR "sexual minorit*" OR "sexual ident*" OR
"gender minorit*" OR "gender dysphori*" OR "trans* affirm*" OR "gender incongruen**")
AND TITLE-ABS-KEY ( ( "nursing education" OR "nurs* educat*" OR "educat* nurs*" OR
"nurs* college*" OR "nursing program*" OR "nurs* college*" OR "nursing program*" OR
"nurs* student*" OR "nursing students" OR "undergraduate nurs*" OR "nursing school*" OR
"nursing baccalaureate" OR "associate nurs*" OR "nursing education research" OR "nursing
diploma" OR "practical nurs*" ) ) ) AND ( LIMIT-TO ( DOCTYPE , "ar" ) OR LIMIT-TO (
DOCTYPE , "re" ) ) AND ( LIMIT-TO ( LANGUAGE , "English" ) ) )
```

## Appendix B

### Data Extraction Table

<i>Citation</i>	Authors
	Title
	Year of publication
	Institution and state/province location
<i>Basics</i>	Objectives/purpose
	Research question(s)
	Conceptual/theoretical framework(s)
<i>Research methods (if applicable)</i>	Methodology
	Research design/methods
	Intervention
	Participants (including sample size and relevant traits, such as students and their year of practice, faculty, course(s), or a combination)
	Measurement tools/analysis (and purpose)
<i>Intervention(s) (if applicable)</i>	Was there an intervention?
	Intervention objectives
	Intervention details
<i>What level(s) of curriculum is/are the intervention(s)? (if applicable)</i>	Formal
	Informal
	Hidden
<i>Findings</i>	Broadly, what were the outcomes of the study or key implications of the article?
<i>Stated and implied recommendations across the levels of curriculum</i>	Formal
	Informal
	Hidden
<i>Reflect</i>	Population of focus (i.e., trans, TGD, or broader LGBT)
	Language use (i.e., inclusive or binary)
	2S or intersex content explicitly included?
	Intersectionality noted?
	Involvement of TGD or LGBT people or organizations
	The presence of a TGD or queer positionality statement
	Awards/funding acknowledged
<i>Resources</i>	Resources to support faculty/SON implementing affirming practices

TGD, trans and gender diverse; LGBT, lesbian, gay, bisexual, transgender; 2S, two-spirit; SON, school of nursing

## Appendix C

### Resources by Type and Author

<i>Author, publication year</i>	<i>Resources</i>	<i>Location</i>
<i>Classroom Resources</i>		
Paradiso et al. (2022)	Provides a link to a scenario used for discussion of a transgender patient.	<a href="https://www.youtube.com/watch?v=S3eDKf3PFRo">https://www.youtube.com/watch?v=S3eDKf3PFRo</a>
Henriquez et al. (2019)	Unfolding case study details and potential National Council Licensure Examination (NCLEX) style questions.	See article, Table 1 and Table 3
Bell et al. (2019)	Taking a health history, “what questions to ask and when to ask them.”	See article, Table 1
Ozkara San et al. (2019)	Provides (a) an example of the application of Jeffrey's <sup>85</sup> cultural competence and confident model for a trans standardized patient simulation, (b) outlines use of International Nursing Association for Clinical Simulation and Learning Standards (INACSL) of Best Practice: Simulation Design <sup>100</sup> , and (c) provides detailed learning objectives and the simulation scenario.	See article, (a) introduction and Figure 2, (b) INACSL theoretical framework, and (c) Table 1
Abeln and Love (2019)	“Table 2 outlines resources for nursing faculty, students and graduate nurses to obtain a better understanding of transgender issues and best practice guidelines”.	See article, Table 2
Bosse et al. (2015)	“Resources that will be helpful to the nurse educator, including textbooks, are provided in Table 2.”	See article, Table 2

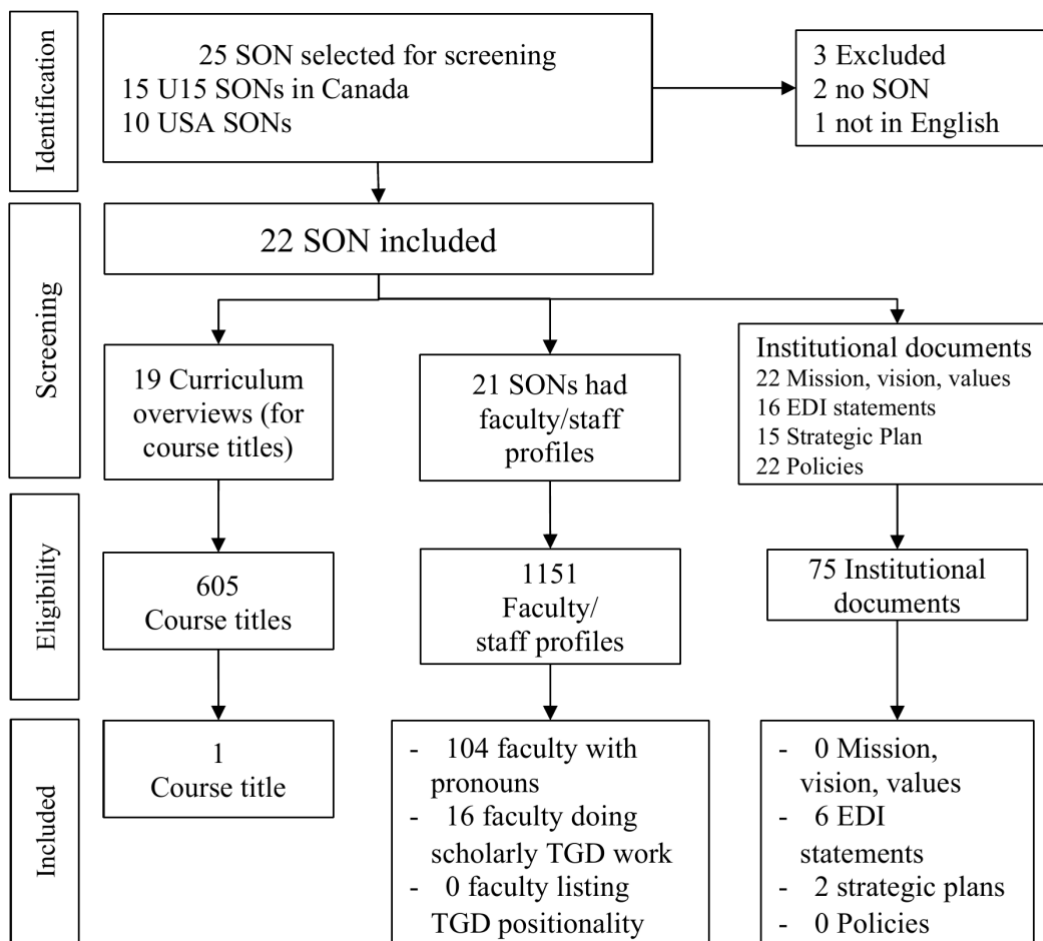
Brennan et al. (2012)	“Selected resources...to support the LGBTI community and their families” and “a limited list of media resources” to support teaching LGBTI health.	See article, Table 2 and Table 3
Kellett and Fitton (2017); Walsh and Hendrickson (2015)	Referenced the World Professional Association for Transgender Health standards of care.	The newest World Professional Association for Transgender Health Standards of Care <a href="https://www.wpath.org/soc8">https://www.wpath.org/soc8</a>
Hannans (2023)	Immersive virtual reality platform, specific to the case scenario of Eden (an older transwoman).	<a href="https://www.embodiedlabs.com/immersive-experience-library/trans-health-lgbt-aging">https://www.embodiedlabs.com/immersive-experience-library/trans-health-lgbt-aging</a>
<i>“Training” of Faculty and/or Students</i>		
Elertson and McNiel (2021)	Referenced Safe Zone training.	<a href="https://www.ndsu.edu/lgbtq/education_and_resources/safe_zone/">https://www.ndsu.edu/lgbtq/education_and_resources/safe_zone/</a>
Luctkar-Flude et al.(2020, 2021, 2022); Tyerman et al. (2021)	Provides Sexual Orientation and Gender Identity (SOGI) Nursing <sup>107</sup> training, free online simulation	<a href="https://soginursing.ca/">https://soginursing.ca/</a>
Tartavouille and Landry (2021)	The supplementary material provided outlines the “Description of Advocacy™ Program Content.”	See article, supplemental material.
Fontenot et al. (2023)	Provides a detailed outline of faculty training, including sample videos to display.	See article.
Klepper et al.	Two resources regarding use of affirming language and leverage The Centers for Disease Control and Prevention and the National LGBT Health Education Center’s LGBT health resources.	Soled, K. R. S., Clark, K. D., Altman, M. R., Bosse, J. D., Thompson, R. A., Squires, A., & Sherman, A. D. F. (2022). Changing language, changes lives: Learning the lexicon of LGBTQ+ health equity. <i>Research in Nursing &amp; Health</i> , 45(6), 621–632. <a href="https://doi.org/10.1002/nur.22274">https://doi.org/10.1002/nur.22274</a>

		<p>Stroumsa, D., &amp; Wu, J. P. (2018). Welcoming transgender and nonbinary patients: Expanding the language of “women’s health.” <i>American Journal of Obstetrics and Gynecology</i>, 219(6), 585.e1-585.e5.</p> <p><a href="https://doi.org/10.1016/j.ajog.2018.09.018">https://doi.org/10.1016/j.ajog.2018.09.018</a></p> <p><a href="http://www.cdc.gov">www.cdc.gov</a>; <a href="http://www.lgbthealtheducation.org">www.lgbthealtheducation.org</a></p>
Cassidy et al. (2023)	Created an LGBTQIA+ health introductory module.	<a href="http://bit.ly/PittLGBTQHealthTraining">http://bit.ly/PittLGBTQHealthTraining</a>
<i>Rebuilding Relationships</i>		
Whitney et al. (2020)	Outlines therapeutic communication for nursing faculty to use when they have misgendered a student, called the AQUERY (apologize, question, use, educate, remember, your impact) Tool.	See article, Figure 1.
<i>Curriculum Enhancements</i>		
McDowell and Bower (2016); Sherman et al. (2021)	Provides potential transgender and gender diversity content course integration and additional resources and guidelines	See article.
Cox et al. (2023)	<p>Sample case studies with gender inclusive language and pronouns.</p> <p>Fenway Health gender-affirming care resources.</p>	<p>See article.</p> <p><a href="https://fenwayhealth.org/wp-content/uploads/13e.-Gender-Affirming-Hormone-Therapy.pdf">https://fenwayhealth.org/wp-content/uploads/13e.-Gender-Affirming-Hormone-Therapy.pdf</a></p> <p><a href="https://fenwayhealth.org/wp-content/uploads/Medical-Care-of-Trans-and-Gender-Diverse-Adults-Spring-2021-1.pdf">https://fenwayhealth.org/wp-content/uploads/Medical-Care-of-Trans-and-Gender-Diverse-Adults-Spring-2021-1.pdf</a></p>
Webb and Zablocki (2023)	Implement person-centered care nursing competencies to integrate	See American Association of Colleges of Nursing, Domain 2

	LGBTQ+ content into the curriculum.	<a href="https://www.aacnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf">https://www.aacnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf</a>
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## Appendix D

### Flow Diagram of the School of Nursing Website Search



## Appendix E

### University of Manitoba Approval Letter



University  
of Manitoba

Research Ethics and Compliance

Human Ethics - Fort Garry  
208-194 Dufour Road  
Winnipeg, MB R3T 2N2  
T: 204 474 8872  
humanethics@umanitoba.ca

#### PROTOCOL APPROVAL

Effective: May 10, 2023

Expiry: May 9, 2024

Principal Investigator: Jess Crawford  
 Advisor: Annette Schultz  
 Protocol Number: HE2023-0096  
 Protocol Title: *Student and faculty perspectives of gender inclusive and affirming curricula in nursing: An interpretive description study*

Laura Funk, Acting Chair, REB1

**Research Ethics Board 1** has reviewed and approved the above research. The Human Ethics Office (HEO) is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans- TCPS 2 (2022)*.

This approval is subject to the following conditions:

- i. Approval is granted for the research and purposes described in the protocol only.
- ii. Any changes to the protocol or research materials must be approved by the HEO before implementation.
- iii. Any deviations to the research or adverse events must be reported to the HEO immediately through an REB Event.
- iv. This approval is valid for one year only. A Renewal Request must be submitted and approved prior to the above expiry date.
- v. A Protocol Closure must be submitted to the HEO when the research is complete or if the research is terminated.
- vi. The University of Manitoba may request to audit your research documentation to confirm compliance with this approved protocol, and with the UM *Ethics of Research Involving Humans* [Ethics of Research Involving Humans](#) policies and procedures.

## Appendix F

### Student Consent Form



**Research Project Title:** Student and faculty perspectives of gender inclusive and affirming curricula in nursing: An interpretive description study

#### Principal Investigator:

Jess Crawford, Masters Student  
 College of Nursing, Rady Faculty of Health Sciences  
 Helen Glass Centre for Nursing, 89 Curry Place  
 University of Manitoba, Winnipeg, MB R3T 2N2 Canada  
 E: [REDACTED]  
 P: [REDACTED]

#### Research Supervisor:

Dr. Annette Schultz, Professor  
 College of Nursing, Rady Faculty of Health Sciences  
 Helen Glass Centre for Nursing, 89 Curry Place  
 University of Manitoba, Winnipeg, MB R3T 2N2 Canada  
 E: [REDACTED]  
 P: [REDACTED]

#### Co-Investigators:

Dr. Marnie Kramer, Director of Curriculum Integrity, Assistant Professor, College of Nursing, University of Manitoba  
 Dr. Janice Ristock, Professor, Women and Gender Studies, University of Manitoba

The Principal Investigator's Master of Nursing is being funded by the Canadian Institute for Health Research, Canadian Graduate Scholarship.

**This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and understand any accompanying information.**

#### Research Purpose:

The purpose of this study is to explore student and faculty perspectives and experiences of gender inclusive and affirming curricular practices in undergraduate nursing in Canada. This study aims to (1) map current gender inclusive and affirming practices and identify gaps within schools of nursing across the formal, informal, and hidden curricular levels, (2) reimagine gender inclusive and affirming curricular practices, and (3) co-create knowledge-sharing techniques

informed, where study findings are used to inform nursing education, research, practice, and policy.

**Participant Involvement:**

You have been invited to participate in this study because you are an undergraduate nursing student at a Canadian school of nursing with an interest in gender inclusive and affirming nursing practices. As a participant in this study, you will be asked to complete a brief demographic questionnaire and participate in 2 focus groups or interviews. As an additional opportunity to engage in research, though not part of the study, participants will be invited to co-create sharing study findings.

**Study Procedures:**

The demographic questionnaire is collecting information to (a) coordinate the study and (b) map the positionality of participants. It should take 10 minutes to complete. At the beginning of the questionnaire, you will be asked about your availability to participate in a focus group (or interview).

Focus groups will take place on UM Zoom. Consent will be reviewed at the beginning of each focus group. There will be 4-5 undergraduate nursing students per focus group (60-90 minutes), facilitated by Jess Crawford, the principal investigator. You will be asked to participate in a second focus group within 1-3 months of the completion of all focus groups (60-90 minutes). After the first focus group/interview, Jess Crawford will contact you over email to coordinate focus groups/interviews. For students who prefer one-on-one, there is an option to choose to participate in interview(s) instead of focus groups.

Interviews will take place on UM Zoom for 60 minutes. Consent will be reviewed at the beginning of each interview. The interview will be facilitated by Jess Crawford, the principal investigator. You will be asked to participate in a second interview within 2 months of our interview (60 minutes). After the first interview, Jess Crawford will contact you over email to coordinate the second interview.

Additional: Following all data analysis, all student participants will be emailed an invitation to attend a one-time, 2-hour workshop on UM Zoom, facilitated by Jess Crawford, to review and discuss student findings and collaborate to determine how to share the student findings.

**Recording:**

Participant focus groups/interviews (held on UM Zoom) will be audio recorded and transcribed using UM Zoom's features. In addition, a handheld digital voice recorder (such as the Sony ICD-PX370 Mono Digital Voice Recorder) will be used as back up. The recording will begin with the first question and end after all participants have had the chance to answer the final question and/or after 90 minutes (or 60 minutes for interview participants), whichever comes first. The PI will then review the transcripts and remove any identifying information, at which time, the original UM Zoom transcripts will be deleted (approximately October 2023). Audio files (UM Zoom's and the handheld recording devices) will be permanently deleted within six months of confirming the transcripts (approximately May 2024), while deidentified transcripts will be kept indefinitely.

**Risks:**

There are minimal risks to participating in this study. While focus group members are asked to maintain group confidentiality, there is a potential risk that information you share may be discussed outside of the group, which could be traced back to you. If this is an issue for you, you are invited to request a one-on-one interview with Jess Crawford. In any case, you may experience some mild emotional distress in sharing your experiences with gender inclusive and affirming nursing education. If this happens during the focus group/interview, you may let Jess Crawford know that you need a break and/or step away from the focus group/interview. You are also welcome to skip or “pass” on any question or discussion. Should you need resources for support, Jess can help you find resources in your local area or online. The use of UM Zoom to record poses a small risk as it is an external service. View their privacy policy [here](#).

**Benefits:**

While the discussions may not directly benefit you, the information gained may be used to help inform nursing education, practice, and policy.

**Confidentiality:**

All the information you provide as part of this study will be kept strictly confidential and stored on a UM-approved platform (OneDrive) with multi-factor authentication enabled. The contact information of those involved in the study will be kept in a separate file on UM OneDrive with multi-factor authentication enabled. Directly identifiable information (contact information) will be deleted within 2 months of disseminating the final study publication (approx. 10/24).

Anonymized data may be kept indefinitely. Only the principal investigator and their supervisor will have access to raw data. Members of the research team (Jess Crawford, Dr. Annette Schultz, Dr. Marnie Kramer and Dr. Janice Ristock) will have access to select deidentified transcripts.

The optional, additional knowledge translation piece may allow the option for student names to be published as co-authors/presenters or under an advisory team name. The option to waive anonymity strictly for the purposes of being named a co-partner will be discussed at the knowledge translation stage. Students will have the option to waive anonymity and be recognized as a co-author or advisory group member regarding student-specific recommendations. After the workshop, students will be informed of the method of dissemination (i.e., publication, presentation). Using a Microsoft Forms shared over email, all student participants (who have participated in 2 focus groups/interviews) will be asked if they wish to waive their anonymity, exclusively for co-authorship recognition (all data is deidentified and will remain so regardless of choice to waive anonymity). Students will have the option to (a) waive their anonymity by having their name published as a co-author, (b) be published under an advisory group name, or (c) not partake in the publication. Waiving responses will be stored on a separate excel sheet in UM OneDrive with multi-factor authentication enabled. This data will be stored until after the final publication is disseminated with participants (approximately October 2024).

Neither your name nor your contact information will appear in any publications stemming from this research without your prior knowledge and consent. Any information sent out of the University of Manitoba will not show your name or address, or any other identifiable personal information about you. Despite efforts to keep your personal information confidential, absolute

confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law.

**Honorarium:**

As a student participant in this study, you will receive a \$30 honorarium for your participation in each focus group/interview (max. 2) via e-transfer to the email used in communication. Payment will be provided within 24 hours of each data collection or workshop session.

**Voluntary Participation/Withdrawal from the Study:**

Your participation in this study is voluntary. There will be no negative consequences for your withdrawal. Participants who wish to withdraw from the study can do so at any time by contacting the PI by email ([REDACTED]) or phone ([REDACTED]).

For focus group participants:

If you participate in focus groups, there is no ability to separate your focus group data from the group and so, while you can withdraw from participating, your focus group data cannot be destroyed and will be included in the study analysis. Due to the nature of qualitative data analysis for this study, focus group participants will be unable to withdraw their demographics after commencement of the full data analysis begins (approximately October 2023).

For interview participants:

Due to the nature of qualitative data analysis for this study, participants will be unable to withdraw their interview data and/or demographics after commencement of the full data analysis begins (approximately October 2023). If you are an interview participant, and you withdraw you have the option to:

1. withdraw and have your data kept and used in the study.
2. withdraw and have your data destroyed, and not used in the study.

**Additional Support:**

Following the focus group, participants are welcomed to call ([REDACTED]) or email ([REDACTED]) Jess Crawford to be provided with resources for support such as counselling or counselling hotlines in their area or nationally.

**Dissemination of Findings:**

Additional Participation: Following all focus groups/interviews, all student participants will be invited to a one-time, 2-hour workshop facilitated by Jess Crawford, to (1) review and discuss preliminary student findings and (2) collaborate to determine how to share the student findings. For example, a potential mode of sharing findings includes creating a position statement for students to co-present at the Canadian Nursing Students Association National Assembly 2024. The workshop will not be recorded. Participants will be given \$45 honoraria for their time.

Collective study findings (all of the student and faculty findings) will be disseminated at conferences, seminars, on MS Space, and published in an academic journal.

**Summary of Results:**

You will receive a summary of the student-specific results prior to the participatory knowledge translation activity (approximately February 2024). You will be emailed a copy of the final, summative paper, approximately July 2024.

**Questions:**

Please contact Jess Crawford at [REDACTED] or Dr. Annette Schultz at [REDACTED] for any additional questions during or after the study.

**Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.**

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Officer at 204-474-7122 or [HumanEthics@umanitoba.ca](mailto:HumanEthics@umanitoba.ca).

A copy of this consent form will be emailed to you for you to keep for your records and reference.

## Appendix G

### Student Recruitment Poster

# Student and faculty perspectives of gender inclusive and affirming curricula in nursing: An interpretive description study

**Purpose:** to explore the experiences of gender inclusive and affirming curricular practices in nursing education and (re)visioning the future of gender inclusive and affirming schools of nursing.

#### You are eligible if you

1. Are **currently** attending a **Canadian undergraduate nursing** school in Canada.
2. Have completed **at least 2 full-time terms worth** of courses in their program.
3. Speak English.

#### Participation includes:

- Completion of **consent & demographic questionnaire** (15 mins)
- **Participation in virtual two focus groups\*** of 4-5 people (60-90 mins each) on UM Zoom. Focus groups\* will explore student experiences with gender inclusive and affirming practices (no formal training needed). Participants will receive a \$30 honorarium for each focus group\* attended.  
*\*students may request 1:1 interviews instead (60 mins each).*

#### *Optional: Involvement in disseminating findings*

- Students can participate in a 2-hour collaborative workshop to help review study findings and decide how to share these findings. Students who attend will be compensated \$45 for their time.

Go to [Microsoft Forms Link] to participate.

For more information, please contact Master of Nursing Student, Jess Crawford (they/them) [REDACTED] or their supervisor, Dr. Annette Schultz (she/her) [REDACTED]

This study has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus.



Canadian Institutes of Health Research  
Instituts de recherche en santé du Canada



University  
of Manitoba

## Appendix H

### Student Email Invitation to Participate

**First Email Subject Heading:** Share your experiences with gender inclusive and affirming undergraduate nursing education

Date: XXXX

Dear undergraduate nursing student,

Within your nursing education and clinical practice, are you wondering how to advance care for transgender and gender diverse people? If so, we'd love to hear from you!

You are invited to participate in two virtual focus groups to share your perspective on gender inclusive and affirming practices in your undergraduate nursing program. We are hoping to understand your experiences of gender inclusive and affirming nursing education in three ways: (a) in formal education (i.e., classroom, clinical, or simulation), (b) in interactions with faculty (i.e., how do faculty talk about gender diversity?), and (c) in your nursing school culture (i.e., policies, inclusive spaces). We also hope to learn how you think undergraduate schools of nursing can move towards role modelling gender inclusive and affirming teaching practices and be safe(r) environments for gender-diverse people.

Your participation is completely voluntary, and you can withdraw at any time. You are invited to participate in the focus groups if you are currently enrolled in a Canadian undergraduate nursing program, have completed at least one year of nursing education in Canada, and speak English.

You will be asked to:

1. Review informed consent on Microsoft Forms (5 minutes)
2. Complete a confidential demographic questionnaire on Microsoft Forms (10 minutes)
3. Participate in two focus groups of 4-5 people for 60-90 minutes each, on UM Zoom. (*You may also request one-on-one interviews, 60 minutes each*). You will be offered a \$30 honorarium for each focus group/interview you participate in (max. 2).
4. Optional: you will be invited to attend a 2-hour workshop to co-create how to share student recommendations from this study and offered a \$45 honorarium.

This study entitled *Student and faculty perspectives of gender inclusive and affirming curricula in nursing: An interpretive description study* is part of Jess Crawford's Masters of Nursing thesis work. This research is being conducted by a team of researchers at the University of Manitoba, College of Nursing, with Jess Crawford as the primary investigator and Dr. Annette Schultz supervising this work. The principal investigator will be managing data to ensure the confidentiality of participants.

Click here [\[REDACTED\]](#) to participate or, contact us to learn more, email [\[REDACTED\]](#) or [\[REDACTED\]](#). Please also consider sharing this invitation with a couple of your nursing peers who may be interested and eligible.

Your voice and experiences are valuable assets in advancing gender inclusive and affirming practices within undergraduate nursing! Thank you for considering participating in this important research.

Be well,  
Jess Crawford (they/them)

In collaboration with,

Dr. Annette Schultz (she/her), Professor, College of Nursing, University of Manitoba

Dr. Marnie Kramer (she/her), Director of Curriculum Integrity, Assistant Professor,  
College of Nursing, University of Manitoba

Dr. Janice Ristock (she/her), Professor, Women and Gender Studies, University of  
Manitoba



## Appendix I

### Student Demographic Questionnaire

#### Study Eligibility

- A. Are you an undergraduate student currently enrolled in a Canadian undergraduate nursing program?
- Yes (proceed to eligibility question 2)
  - No (*Thank you for your interest in participating in this study. Unfortunately, you are ineligible at this time. Please contact Jess Crawford at [REDACTED] should you have further questions*)
- B. Have you completed at least 2 terms of undergraduate nursing school? (For part time students, have you completed the full-time status course equivalent to 2 terms?)
- Yes (proceed to consent)
  - No (*Thank you for your interest in participating in this study. Unfortunately, you are ineligible at this time. Please contact Jess Crawford at [REDACTED] should you have further questions*)

#### Consent Document

#### Study Communication:

*This information will be extracted and stored on an Excel file stored in a multi-factor authenticated OneDrive folder.*

- What name and pronouns would you like used in communication?
- For consent purposes, what is your legal name?
- What email would you like your communication to go through?
- What email would you like your honorariums to go to?
- What dates/times would you be available to participate in the first focus group?
  - Times in June*
  - Times in July*
  - Other*
- What dates/times would you be available to participate in the second focus group?
  - Times in August*
  - Times in September*
  - Other*
- Would you be interested in participating in a 2-hour follow-up workshop with other student participants to review preliminary findings and discuss ways to share the findings of this work? This would likely occur in Winter 2024. You will be offered a \$45 honorarium for your time. Depending on our methods, you may have your name on the final work, or we may use an advisory team name developed with student participants. (You will have another opportunity to opt in or out).
  - Yes
  - No

#### Nursing-Related Questions

*The remainder of the questionnaire will be extracted into a separate Excel file stored in the same multi-factor authenticated OneDrive folder.*

8. How many years have you been an undergraduate nursing student?
  - a. 2
  - b. 3
  - c. 4
  - d. 5+
9. What type of nursing program are you in?
  - a. Baccalaureate - Registered Nurse
  - b. Diploma - Licensed/Registered Practical Nurse
  - c. Accelerated (includes fast-track, compressed, second-degree, advanced entry, and bridging programs) (CASN, 2022, p. 13) - Registered Nurse
  - d. Please specify: \_\_\_\_\_
10. What school of nursing are you an undergraduate nursing student at? *You are being asked to provide the school you attend to understand how many participants from each school are participating and the demographics of the school (location and college/university). Your school will not be named but rather will be sorted into Canadian Nursing Student Association regions (i.e., Western, Atlantic, Quebec, Ontario).*

\_\_\_\_\_
11. What region is your school in?
  - a. Western
  - b. Atlantic
  - c. Quebec
  - d. Ontario

### **Demographic Questions**

The purpose of this section of the questionnaire is to obtain demographics that will help us better understand the experiences of people of all genders, sexualities, etc. This information will not be connected to you. Additionally, while everyone's identity is important and valid, some demographic questions are written with only a few options. The purpose of the limited options of these questions is to identify the number of people from equity-seeking groups rather than analyze them more deeply. Additionally, as many components of identity are fluid and change overtime, please choose the answer that best corresponds to your identity today.

12. Which best describes your gender identity?
  - a. Cisgender or non-transgender (i.e., your gender is aligned with the sex you were assigned at birth)
  - b. Transgender and/or gender diverse (i.e., agender, gender non-conforming, non-binary)
  - c. Please specify: \_\_\_\_\_
  - d. Prefer not to answer
13. Which best describes your sexuality?
  - a. Queer (i.e., aromantic, asexual, bisexual, gay, pansexual, panromantic, queer, questioning)
  - b. Heterosexual
  - c. Please specify: \_\_\_\_\_
  - d. Prefer not to answer

14. Which best describes the sex you were assigned at birth?
- Female
  - Intersex
  - Male
  - Prefer not to answer
15. Do you identify as a person with a disability? Disabilities can include physical and/or mental.
- Yes
  - No
  - Prefer not to answer
16. Which of the following best describes you? Please select all that apply. (Pruden & Salway, 2020).
- Black
  - East/Southeast Asian
  - Indigenous:
    - First Nations
    - Métis
    - Inuit
    - Prefer to self-describe (please specify)
    - Prefer not to say
      - Are you Two-Spirit?
        - Yes
        - No
  - Latino
  - Middle Eastern
  - South Asian
  - White
  - Please specify: \_\_\_\_\_
  - Prefer not to say

## Appendix J

### Student Initial Focus Group Guide

1. Could you tell us what nursing program you're in, including the type of nursing program (i.e., BScN, LPN), the year you are in, and what school you go to?
2. What made you interested in participating in this study?
3. What do you think of when you hear the term gender-affirming or gender inclusive? *What does gender inclusive and affirming education mean to you?*
4. How are gender and gender diversity included in your course content? Clinical or simulation?
5. Do faculty and staff role model gender inclusive and affirming practices?  
If yes, *how? What does that look like? What language do they use? How does it feel?*  
If no, *can you tell me what that looks like? How does it feel?*
6. What does gender inclusivity and affirmation look like in your school of nursing (or institution)? *How are people of all genders represented or welcomed in your school of nursing? Think of the physical and/or virtual environments, policies, etc.*
7. What could/should gender inclusive and affirming education look like?

## Appendix K

### Student Follow-up Focus Group Guide

1. I'd like to revisit our last conversation and ask if you have thought more about your idea of what gender inclusive and affirming education means to you.
2. Last time we discussed last time the presence of gender diversity education in the classroom, clinical, or simulation setting. Did you think of any more examples of gender inclusive and affirming education in your SON? *What formal strategies do you think help support students learning of gender inclusive and affirming nursing practice?*
3. Students learn a lot from faculty role modelling and behaviour. How do you think gender is role modelled to students? *Do faculty disrupt gender-based discrimination like transphobia and sexism? What language do faculty use? What assumptions do they make? What impact does that have on you?*
4. Are there any modes of testing gender inclusive and affirming nursing being used to evaluate students in your program?
  - a. If yes, *can you tell me about them? Do you think these are important? Why?*
  - b. If no, *why do you think that is? Do you think GIA evaluation methods would be helpful for students?*
5. How is gender performed in nursing education? *Think of how gender is demonstrated at SON social events, in meetings, clinical, the classroom, committees, conferences, etc.*
6. As someone in your social position, with your valuable experiences, imagine what a gender inclusive and affirming school of nursing would look like. Can you describe it? *Are there policies and procedures in place? Are there inclusive physical spaces? What does that look like? How do faculty and students speak? How are gender-diverse students and faculty included and empowered?*

## Appendix L

### Faculty Consent Form



**Research Project Title:** Student and faculty perspectives of gender inclusive and affirming curricula in nursing: An interpretive description study

**Principal Investigator:**

Jess Crawford, Masters Student  
 College of Nursing, Rady Faculty of Health Sciences  
 Helen Glass Centre for Nursing, 89 Curry Place  
 University of Manitoba, Winnipeg, MB R3T 2N2 Canada

E: [REDACTED]

P: [REDACTED]

**Research Supervisor:**

Dr. Annette Schultz, Professor  
 College of Nursing, Rady Faculty of Health Sciences  
 Helen Glass Centre for Nursing, 89 Curry Place  
 University of Manitoba, Winnipeg, MB R3T 2N2 Canada

E: [REDACTED]

P: [REDACTED]

**Co-Investigators:**

Dr. Marnie Kramer, Director of Curriculum Integrity, Assistant Professor, College of Nursing, University of Manitoba  
 Dr. Janice Ristock, Professor, Women and Gender Studies, University of Manitoba

The Principal Investigator's Master of Nursing is being funded by the Canadian Institute for Health Research, Canadian Graduate Scholarship.

**This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and understand any accompanying information.**

**Research Purpose:**

The purpose of this study is to explore student and faculty perspectives and experiences of gender inclusive and affirming curricular practices in undergraduate nursing in Canada. This study aims to (1) map current gender inclusive and affirming practices and identify gaps within schools of nursing across the formal, informal, and hidden curricular levels, (2) reimagine gender

inclusive and affirming curricular practices, and (3) co-create knowledge-sharing techniques informed, where study findings are used to inform nursing education, research, practice, and policy.

**Participant Involvement:**

You have been invited to participate in this study because you are an undergraduate nursing faculty at a Canadian school of nursing with an interest in gender inclusive and affirming nursing practices. As a participant in this study, you will be asked to complete a brief demographic questionnaire and participate in 2 interviews. As an additional opportunity to engage in research, though not part of the study, participants will be invited to co-create sharing study findings.

**Study Procedures:**

The demographic questionnaire is collecting information to (a) coordinate the study and (b) map the positionality of participants. It should take 10 minutes to complete. At the end of the questionnaire, you will be asked about your availability to participate in an interview.

Interviews will take place on UM Zoom for 60 minutes. Consent will be reviewed at the beginning of each interview. The interview will be facilitated by Jess Crawford, the principal investigator. You will be asked to participate in a second interview within 2 months of our interview (60 minutes). After the first interview, Jess Crawford will contact you over email to coordinate the second interview.

Additional: Following all interviews and analysis, all faculty participants will be emailed an invitation to review and provide feedback on a discussion paper with faculty-specific recommendations, to be published in an academic journal such as *Quality Advances in Nursing Education* (QANE) or *Canadian Nurse*.

**Recording:**

Participant interviews (held on UM Zoom) will be audio recorded and transcribed using UM Zoom's features. In addition, a hand held digital voice recorder (such as the Sony ICD-PX370 Mono Digital Voice Recorder) will be used as back up. The recording will begin with the first question and end after participants have had the chance to answer the final question and/or after 60 minutes, whichever comes first. The PI will then review the transcripts and remove any identifying information, at which time, the original UM Zoom transcripts will be deleted (approximately October 2023). Audio files (UM Zoom's and the handheld recording devices) will be permanently deleted within six months of confirming the transcripts (approximately May 2024), while deidentified transcripts will be kept indefinitely.

**Risks:**

There are minimal risks to participating in this study. You may experience some mild emotional distress in sharing your experiences with gender inclusive and affirming nursing education. If this happens, you may let Jess Crawford know that you need a break and/or step away from the interview. You are also welcome to skip or "pass" on any question or discussion. Should you need resources for support, Jess can help you find resources in your local area or online. The use of UM Zoom to record poses a small risk as it is an external service. View their privacy policy [here](#).

**Benefits:**

While the discussions may not directly benefit you, the information gained may be used to help inform nursing education, practice, and policy.

**Confidentiality:**

All the information you provide as part of this study will be kept strictly confidential and stored on a UM-approved platform (OneDrive) with multi-factor authentication enabled. The contact information of those involved in the study will be kept in a separate file on UM OneDrive with multi-factor authentication enabled. Directly identifiable information (contact information) will be deleted within 2 months of disseminating the final study publication (approx. 10/24).

Anonymized data may be kept indefinitely. Only the principal investigator and their supervisor will have access to raw data. Members of the research team (Jess Crawford, Dr. Annette Schultz, Dr. Marnie Kramer and Dr. Janice Ristock) will have access to select deidentified transcripts.

The optional, additional knowledge translation publication may allow the option for faculty names to be published as co-authors or under an advisory team name. The option to waive anonymity strictly for the purposes of being named a co-author will be discussed at the knowledge translation stage. All faculty who participate in the optional discussion paper with faculty-specific recommendations, to be published in an academic journal such as *Quality Advances in Nursing Education (QANE)* or *Canadian Nurse* will be asked if they wish to waive their anonymity. Using a Microsoft Forms shared over email, all faculty participants (who have participated in 2 interviews) will be asked if they wish to waive their anonymity, exclusively for co-authorship recognition (all data is deidentified and will remain so regardless of choice to waive anonymity). Faculty will have the option to (a) waive their anonymity by having their name published as a co-author, (b) be published under an advisory group name, or (c) not partake in the publication. Waiving responses will be stored on a separate excel sheet in UM OneDrive with multi-factor authentication enabled. This data will be stored until after the final publication is disseminated with participants (approximately October 2024).

Neither your name nor your contact information will appear in any publications stemming from this research without your prior knowledge and consent. Any information sent out of the University of Manitoba will not show your name or address, or any other identifiable personal information about you. Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law.

**Honorarium:**

As a faculty participant in this study, you will receive a \$30 honorarium for your participation in each interview (max. 2 interviews) via e-transfer to the email used in communication. Payment will be provided within 24 hours of each data collection or workshop session.

**Voluntary Participation/Withdrawal from the Study:**

Your participation in this study is voluntary. There will be no negative consequences for your withdrawal. Due to the nature of qualitative data analysis for this study, participants will be unable to withdraw their interview data and/or demographics after commencement of the full data analysis begins (approximately October 2023). Participants who wish to withdraw from the

study can do so at any time by contacting the PI by email ([REDACTED]) or phone ([REDACTED]).  
If you withdraw you have the option to:

1. withdraw and have your data kept and used in the study.
2. withdraw and have your data destroyed, and not used in the study.

### **Additional Supports:**

Following the interviews, participants are encouraged to call ([REDACTED]) or email ([REDACTED]) Jess Crawford if they would like resources for support such as counselling or counselling hotlines in their area or nationally.

### **Dissemination of Findings:**

Additional Participation: Following all interviews, all faculty participants will be invited to review and provide feedback on a discussion paper derived from faculty-based recommendations. Faculty will have the option to be co-authors or published under an advisory team name.

Collective study findings (all of the student and faculty findings) will be disseminated at conferences, seminars, on MS Space, and published in an academic journal.

### **Summary of Results:**

You will receive a summary of the faculty-specific results prior to the participatory knowledge translation activity (approximately February 2024). You will be emailed a copy of the final, summative paper, approximately July 2024.

### **Questions:**

Please contact Jess Crawford at [REDACTED] or Dr. Annette Schultz at [REDACTED] for any additional questions during or after the study.

**Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.**

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Officer at 204-474-7122 or [HumanEthics@umanitoba.ca](mailto:HumanEthics@umanitoba.ca).

**A copy of this consent form will be emailed to you for you to keep for your records and reference.**

## Appendix M

### Educator Recruitment Poster

# Student and faculty perspectives of gender inclusive and affirming curricula in nursing: An interpretive description study

**Purpose:** to explore the experiences of gender inclusive and affirming curricular practices in nursing education and (re)visioning the future of gender inclusive and affirming schools of nursing.

#### You are eligible if you:

1. Hold a **nursing license**.
2. Are **currently** a nursing faculty, teaching in a **Canadian undergraduate nursing school** in Canada .
3. Have taught at least **2 courses per year** in the **last 2 years**.
4. Speak English.

#### Your participation includes:

- Completion of **consent & demographic questionnaire** (15 mins)
- Participation in **two virtual, one-on-one interviews** (60 mins each) on UM Zoom. Interviews will explore faculty experiences with gender inclusive and affirming practices (no formal training needed). Participants will receive a \$30 honorarium for each interview attended.

#### *Optional: Involvement in disseminating findings*

- Faculty will be invited to review and provide feedback on a scholarly discussion paper with recommendations derived from this study to submit for publication.

Go to [REDACTED] to participate.

For more information, please contact Master of Nursing Student, Jess Crawford (they/them) [REDACTED] or their supervisor, Dr. Annette Schultz (she/her) [REDACTED]

This study has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus.



Canadian Institutes of Health Research  
Instituts de recherche en santé du Canada



University  
of Manitoba

## Appendix N

### Faculty Recruitment

**First Email Subject Heading:** Share your experiences with gender inclusive and affirming undergraduate nursing education

Date: XXXX

Dear undergraduate nursing faculty,

Within your nurse educator role, are you wondering how to advance care for transgender and gender diverse people, including your students? If so, we'd love to hear from you!

You are invited to participate in two virtual interviews to share your perspective on gender inclusive and affirming practices in undergraduate nursing. We are hoping to understand your experiences of gender inclusive and affirming nursing education in three ways, in: (a) formal education (i.e., classroom, clinical, or simulation), (b) interactions with other faculty (i.e., how do faculty talk about gender diversity?), and (c) the culture of your school of nursing (i.e., policies, inclusive spaces). We also hope to learn how you think undergraduate schools of nursing can move towards role modelling gender inclusive and affirming teaching practices and be safe(r) environments for gender-diverse people.

Your participation is completely voluntary, and you can withdraw at any time. You are invited to participate in interviews if you are a registered nurse who is currently teaching and has taught at the undergraduate nursing level in Canada for at least the last two years (min. 2 courses per year), and you speak English. You will be asked to:

1. Review informed consent on Microsoft Forms (5 minutes)
2. Complete a confidential demographic questionnaire on Microsoft Forms (10 minutes)
3. Participate in two one-on-one, semi-structured interviews for 60 minutes, on UM Zoom. You will be offered a \$30 honorarium for each interview you participate in (max. 2 interviews).
4. Optional: *you will be invited to review and provide feedback on a scholarly discussion paper for publication with recommendations from faculty.*

This study entitled *Student and faculty perspectives of gender inclusive and affirming curricula in nursing: An interpretive description study* is part of Jess Crawford's Masters of Nursing thesis work. This research is being conducted by a team of researchers at the University of Manitoba, College of Nursing, with Jess Crawford as the primary investigator and Dr. Annette Schultz supervising this work. The principal investigator will be managing data to ensure the confidentiality of participants.

Click here [\[redacted\]](#) to participate or, contact us to learn more, email [\[redacted\]](#) or [\[redacted\]](#). Please also consider sharing this invitation with a couple of your nursing peers who may be interested and eligible.

Your voice and experiences are valuable assets in advancing gender inclusive and affirming practices within undergraduate nursing! Thank you for considering participating in this important research.

Be well,  
Jess Crawford (they/them)

In collaboration with,

Dr. Annette Schultz (she/her), Professor, College of Nursing, University of Manitoba

Dr. Marnie Kramer (she/her), Director of Curriculum Integrity, Assistant Professor,  
College of Nursing, University of Manitoba

Dr. Janice Ristock (she/her), Professor, Women and Gender Studies, University of  
Manitoba



## Appendix O

### Faculty Demographic Questionnaire

**Research Project Title:** Student and faculty perspectives of gender inclusive and affirming curricula in nursing: An interpretive description study

#### Study Eligibility

- A. Are you an undergraduate nursing faculty, holding a nursing license, currently teaching in a Canadian undergraduate nursing program?
- Yes (proceed to eligibility question 2)
  - No (*Thank you for your interest in participating in this study. Unfortunately, you are ineligible at this time. Please contact Jess Crawford at [REDACTED] should you have further questions*)
- B. Have you taught at least 2 undergraduate nursing courses per year in the last 2 years?
- Yes (proceed to consent)
  - No (*Thank you for your interest in participating in this study. Unfortunately, you are ineligible at this time. Please contact Jess Crawford at [REDACTED] should you have further questions*)

#### Consent Document

##### Study Communication:

*This information will be extracted and stored on an Excel file stored in a multi-factor authenticated OneDrive folder.*

- What name and pronouns would you like used in communication?
- For consent purposes, what is your legal name?
- What email would you like your communication to go through?
- What email would you like your honorariums to go to?
- What dates/times would you be available to participate in the first interview?
  - Times in June*
  - Times in July*
- What dates/times would you be available to participate in the second interview?  
*list times*
  - Times in August*
  - Times in September*
- Would you be interested in volunteering to review a discussion paper with faculty-specific recommendations to be published in a scholarly journal? You may have your name published or we may use an advisory team name developed with other faculty participants. (You will have another opportunity to opt in or out).
  - Yes
  - No

#### Nursing-Related Questions

*The remainder of the questionnaire will be extracted into a separate Excel file stored in the same multi-factor authenticated OneDrive folder.*

8. How many years have you been an undergraduate nursing faculty?
  - a. 2
  - b. 3-5
  - c. 5-10
  - d. 10+
9. What position do you hold at your institution?
  - a. Instructor
  - b. Assistant Professor
  - c. Associate Professor
  - d. Full Professor
  - e. Please specify: \_\_\_\_\_
10. What is your tenure status?
  - a. Non-tenure
  - b. Tenure-track
  - c. Tenured
  - d. Please specify: \_\_\_\_\_
11. In the past 2 years, what type of nursing program(s) have you taught in? Select all that apply.
  - a. Baccalaureate – Registered Nurse
  - b. Diploma – Licensed/Registered Practical Nurse
  - c. Accelerated (includes fast-track, compressed, second-degree, advanced entry, and bridging programs) (CASN, 2022, p. 13) – Registered Nurse
  - d. Graduate level
  - e. Please specify: \_\_\_\_\_
12. What school of nursing are you an undergraduate nursing faculty? *You are being asked to provide the school you attend to understand how many participants from each school are participating and the demographics of the school (location and college/university). Your school will not be named but rather will be sorted into Canadian Nursing Student Association regions (i.e., Western, Atlantic, Quebec, Ontario).*
13. What region is your school in? *As we are looking for participants across Canada, the first participant from each region will be selected for an interview. Additional participants from each region will be selected, in order of application.*
  - a. Western
  - b. Atlantic
  - c. Quebec
  - d. Ontario

### **Demographic Questions**

The purpose of this section of the questionnaire is to obtain demographics that will help us better understand the experiences of people of all genders, sexualities, etc. This information will not be connected to you. Additionally, while everyone's identity is important and valid, some demographic questions are written with only a few options. The purpose of the limited options of these questions is to identify the number of people from equity-seeking groups rather than

analyze them more deeply. Additionally, as many components of identity are fluid and change overtime, please choose the answer that best corresponds to your identity today.

14. Which best describes your gender identity?
  - a. Cisgender or non-transgender (i.e., your gender is aligned with the sex you were assigned at birth)
  - b. Transgender and/or gender diverse (i.e., agender, gender non-conforming, non-binary)
  - c. Please specify: \_\_\_\_\_
  - d. Prefer not to answer
15. Which best describes your sexuality?
  - a. Queer (i.e., aromantic, asexual, bisexual, gay, pansexual, panromantic, queer, questioning)
  - b. Heterosexual
  - c. Please specify: \_\_\_\_\_
  - d. Prefer not to answer
16. Which best describes the sex you were assigned at birth?
  - a. Female
  - b. Intersex
  - c. Male
  - d. Prefer not to answer
17. Do you identify as a person with a disability? Disabilities can include physical and/or mental.
  - a. Yes
  - b. No
  - c. Prefer not to answer
18. Which of the following best describes you? Please select all that apply. (Pruden & Salway, 2020)
  - a. Black
  - b. East/Southeast Asian
  - c. Indigenous:
    - i. First Nations
    - ii. Métis
    - iii. Inuit
    - iv. Prefer to self-describe (please specify)
    - v. Prefer not to say
      1. Are you Two-Spirit?
        - a. Yes
        - b. No
  - d. Latino
  - e. Middle Eastern
  - f. South Asian
  - g. White
  - h. Please specify: \_\_\_\_\_
  - i. Prefer not to say

## Appendix P

### Educator Initial Interview Guide

1. Could you tell me what nursing program you teach in, including the number of years you've been teaching and the school you teach at? What courses have you taught in the past year?
2. What made you interested in participating in this study?
3. What does gender inclusive and affirming education mean to you?
4. How is gender diversity integrated into the nursing curriculum (i.e., 2Spirit, trans\*, and gender diverse)? *Are there readings from TGD authors and/or TGD guests? Are there course activities and/or clinical placements with TGD people?*
5. Is there any formal GIA education given to faculty?
  - a. If yes, *what was that like?*
  - b. If no, *how do you think GIA could support faculty?*
6. How is gender discussed or represented in your school of nursing? *Are pronouns asked and offered amongst/between faculty and students? Preferred names used in university documents? Neutral or binary language as the norm, situational, or not used at all?*
7. How do you think faculty at your school embody gender inclusive and affirming practices when interacting with students?
  - a. If yes, *are there role models of GIA? How do they role model GIA?*
  - b. If no, *why do you think this is?*
8. Can you tell me about the physical environment of your SON. What services and facilities are available for gender-diverse students and faculty? *Are there gender inclusive washrooms? Inclusive signage?*
9. Are there any out and open gender-diverse faculty at your school? Are there any faculty engaged in GIA research?
  - a. If yes, *how are they supported? Are there policies? Are there structures in place (i.e., GIA competencies, strategic planning, procedures for managing microaggressions/discrimination, funding)?*
  - b. If no, *why do you think this is (i.e., lack of GIA competencies, strategic planning, procedures for managing microaggressions/discrimination, funding)?*
10. In what ways can your SON be more gender inclusive and affirming?
11. Do you have anything else you'd like to add?

## Appendix Q

### Educator Follow-up Interview Guide

1. I'd like to revisit our last conversation and ask if you have thought more about your idea of what gender inclusive and affirming education means to you.
2. A question we discussed last time was the presence of gender diversity education in the classroom, clinical, or simulation setting. Did you think of any more examples of gender inclusive and affirming education in your SON?
3. What formal strategies do you think help support students learning of gender inclusive and affirming nursing practice?
4. Students learn a lot from faculty role modelling and behaviour. How do you think gender is role modelled to students? *Do faculty disrupt gender-based discrimination like transphobia and sexism? What language do faculty use? What assumptions do faculty make?*
5. How do faculty role model their ideas about gender? *What impact does that have on you? What impact do you think this has on your students? On students' nursing practice?*
6. Are there any evaluation methods for students regarding gender inclusive and affirming nursing practices?
  - a. If yes, *can you tell me about them? Do you feel like these methods are important? Why?*
  - b. If no, *why do you think that is? Do you think GIA evaluation methods would be helpful for students?*
7. Are there any evaluation methods for faculty regarding gender inclusive and affirming curricular practices?
  - a. If yes, *can you tell me about them? Do you feel like these methods are important? Why?*
  - b. If no, *why do you think that is? Do you think GIA evaluation methods would be helpful for faculty?*
8. How is gender performed in nursing education? *Think of how gender is demonstrated at SON social events, in meetings, clinical, the classroom, committees, conferences, research, etc.*
9. As someone in your social position, with your valuable experiences, imagine what a gender inclusive and affirming school of nursing would look like. Can you describe it? *Are there policies and procedures in place? Are there inclusive physical spaces? What does that look like? How do faculty and students speak? How are gender-diverse students and faculty included and empowered?*