ISSN online: 2393-6606
doi: 10.22235/ech.v13i2.3757

Experiences of the Nursing Professional when Providing Humanized Care to People with Gender Diversity

Vivencias del profesional de enfermería en el cuidado humanizado a personas con diversidad de género

Experiências do profissional de enfermagem no cuidado humanizado de pessoas com diversidade de gênero

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Abstract: Introduction: Health care by nursing professionals to people with gender diversity can be negatively affected by the heteronormativity that has historically governed society. It is challenging to safeguard and seek actions to provide inclusive humanized care. Objective: To understand the nursing professional's experiences when providing humanized care to people with gender diversity. Method: Qualitative research with a phenomenological approach. Four nursing professionals were interviewed. The information was collected through semi-structured individual and group interviews; the discourses were analyzed, and central concepts were triangulated. Results: Humanized care is manifested through three dimensions: experiences in providing humanized care, factors that facilitate the delivery of humanized care and factors that hinder it. The categories included in the first dimension are equality, empathy, respect and learning. Factors that facilitate humanized care have the categories of welcoming and continuing education, and factors that hinder it have the categories of social name and suspicion. Conclusion: Humanized care for people with gender diversity requires values of equality and empathy, together with inclusive training from undergraduate level. Deficiency in the development of soft skills hinders the nurse-patient relationship, while suspicion of the gender-diverse person hinders first consultations. The integration of the social name and continuous training are essential to promote an environment of trust and reduce the feeling of vulnerability and discrimination.

Keywords: humanization of care; nursing; gender diversity; nurse-patient relationship.

Resumen: Introducción: La atención en salud de los profesionales de enfermería a personas con diversidad de género puede verse afectada negativamente por la heteronormatividad que ha regido históricamente la sociedad. Actualmente es un desafío resguardar y buscar

acciones para entregar un cuidado humanizado inclusivo. Objetivo: Comprender las vivencias del profesional de enfermería al brindar el cuidado humanizado a personas con diversidad de género. Método: Investigación cualitativa, con un enfoque fenomenológico. Se entrevistó a cuatro profesionales de enfermería. La información se recopiló a través de entrevistas individuales y grupales semiestructuradas; los discursos fueron analizados y se realizó una triangulación de los conceptos principales. Resultados: El cuidado humanizado se manifiesta a través de tres dimensiones: vivencias al brindar cuidados humanizados, factores que facilitan la entrega del cuidado humanizado y factores que lo dificultan. Las categorías incluidas en la primera dimensión son igualdad, empatía, respeto y aprendizaje. Los factores que facilitan los cuidados humanizados tienen como categorías la acogida y la formación continua, y los factores que lo dificultan tienen las categorías de nombre social y recelo. Conclusión: El cuidado humanizado a personas con diversidad de género requiere valores de igualdad y empatía, junto con una formación inclusiva desde pregrado. La deficiencia en el desarrollo de habilidades blandas dificulta la relación enfermero-paciente, mientras que el recelo de la persona con diversidad de género obstaculiza las primeras consultas. La integración del nombre social y la formación continua son esenciales para promover un ambiente de confianza y reducir la sensación de vulnerabilidad y discriminación.

Palabras clave: humanización de la atención; enfermería; diversidad de género; relación enfermera-paciente.

Resumo: Introdução: O atendimento em saúde prestado pelos profissionais de enfermagem às pessoas com diversidade de gênero pode ser afetado negativamente pela heteronormatividade que historicamente rege a sociedade. Atualmente, é um desafio resguardar e buscar ações para proporcionar um cuidado humanizado e inclusivo. Objetivo: Compreender as vivências do profissional de enfermagem ao prestar o cuidado humanizado a pessoas com diversidade de gênero. Método: Pesquisa qualitativa, com abordagem fenomenológica. Foram entrevistados quatro profissionais de enfermagem. As informações foram coletadas por meio de entrevistas semiestruturadas individuais e em grupo; os discursos foram analisados e foi realizada uma triangulação dos principais conceitos. Resultados: O cuidado humanizado se manifesta por meio de três dimensões: vivências ao fornecer cuidados humanizados, fatores que facilitam a prestação de cuidado humanizado e fatores que a dificultam. As categorias incluídas na primeira dimensão são igualdade, empatia, respeito e aprendizado. Os fatores que facilitam os cuidados humanizados incluem acolhimento e formação contínua, enquanto os fatores que os dificultam incluem o uso do nome social e o receio. Conclusão: O cuidado humanizado a pessoas com diversidade de gênero requer valores de igualdade e empatia, juntamente com formação inclusiva desde o nível de graduação. A deficiência no desenvolvimento de habilidades interpessoais dificulta o relacionamento enfermeiro-paciente, enquanto o receio da pessoa com diversidade de gênero dificulta as primeiras consultas. A integração do nome social e a formação continuada são essenciais para promover um ambiente de confiança e reduzir a sensação de vulnerabilidade e discriminação.

Palavras-chave: humanização do atendimento; enfermagem; diversidade de gênero; relação enfermeiro-paciente.

Received: 11/10/2023 Accepted: 08/05/2024

How to cite:
Ramírez Moreno P, Santelices Tello C, Correa Quiroz A, Silva Morales B, Venegas Rojas B. Experiences of the Nursing Professional when Providing Humanized Care to People with Gender Diversity. Enfermería: Cuidados Humanizados. 2024;13(2):e3757. doi: 10.22235/ech.v13i2.3757

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Introduction

As a science and art of care, nursing stands out for providing care from a biopsychosocial perspective, making therapeutic communication with people essential. Caring is the moral basis and central axis of their work, on which professional and ethical obligations are developed. [1] According to Watson's Theory of Humanized Care, "transpersonal care depends on the nurse's moral commitment to protect and enhance human dignity," which will allow the manifestation of humanized care in the nurse's work. [2]

In this context, the nurse plays a pivotal role in fostering the relationship with the person through interaction. It constitutes a tool that allows reflection on the transcendence of nursing care in people's perceptions. It also strengthens the profession by implementing actions that contribute to satisfying expectations during the care interaction. [3-5] For this reason, Watson places great importance on nurses' education in human sciences to understand social, cultural, and psychological aspects that allow them to provide care with a comprehensive approach. [6]

Watson's theory emphasizes the importance of the relationship between the nurse and the person, which goes beyond merely providing medical care by connecting with the individual's experiences, emotions, and perceptions. The term "experience" encompasses both perception and the accumulation of emotions over time. Perception is the information that feeds experiences, which contributes to forming unique and personal experiences. [7, 8]

When discussing gender diversity, it refers to the various ways affection, desire, love, and sexuality are expressed among people; these are not limited to relationships between men and women, therefore including heterosexuals, homosexuals, and bisexuals. The term sexual diversity questions the idea that there is only one way to exercise sexuality and emotions, thus making other expressions visible. It includes the idea that gender identity can be independent of birth, gender, and sexual orientation. The concept of a person being a sexual being and how they feel about it is about the personal and internal lifestyle of gender that may or may not correspond to birth gender. However, it is necessary to remember that gender identity is not the same as sexual orientation and includes how a person addresses themselves and presents themselves to others. [9]

In healthcare, it is necessary to recognize intersectionality, which means that people have diverse identities (gender, race, sexual orientation, among others), and these intersect and affect their health experiences and needs. Differences in access, quality, and care outcomes can exist among different population groups. Therefore, it is essential to have an articulated system that considers the multiple layers of identity when addressing health disparities, recognizing that the experiences and needs of people with gender diversity can be affected positively or negatively. [10] Studies show that designing public health policies and developing protocols and interventions from a heteronormative perspective hinder

connection and care, resulting in fragmented care and, consequently, favoring exclusion and symbolic violence. [11] Healthcare must be provided from a social justice perspective, advocating for equal rights and opportunities for all people regardless of their differences. In the health field, this implies ensuring everyone has access to quality health services. [12,13]

Globally, 3% of adults identify as lesbian or gay, 4% as bisexual, 1% as pansexual or omnisexual, and 1% asexual. Men are more likely to identify as gay than women as lesbian: 4% versus 1% on average globally. [14] Acceptance and recognition of the LGBT+ community vary considerably between different nations. Having a family member, friend, or coworker who is lesbian/gay or bisexual is more common in Latin America, Spain, Australia, New Zealand, and South Africa. Gender diversity is more visible throughout the Anglosphere, Brazil, and Thailand; on the other hand, the visibility of the different segments of the LGBT+ community is lowest in Japan, South Korea, Turkey, Romania, Hungary, and Poland. [14]

In Chile, there is Law 20.584, which sets out the duties and rights of health users, [15] requiring their recognition as an act of dignity. Knowing the duties and rights of people seeking healthcare to feel valued in their human dimensions is essential to providing humanized care. The "Sexual Orientation and Gender Identity" survey conducted by Casen in 2022 found that approximately 534,417 people, or 37% of those aged 18 and over, report their sexual orientation as gay/lesbian, bisexual, or another non-heterosexual orientation. [16]

Gender diversity can be negatively affected by the heteronorm that has historically governed society. Marginalization of this group in the health system due to discrimination and violations of their rights as sexual minorities can become a barrier to their care. [17] Therefore, recognition of their rights by nursing professionals is a fundamental factor in healthcare to achieve equality and non-discrimination, making it a current challenge to seek strategies to provide humanized and inclusive care. [18, 19] Psychoeducation is helpful as a tool that provides information and psychological support to improve the understanding and management of mental and emotional health issues. Another tool is visibility, which helps challenge stigma by recognizing the experiences and positive contributions of minority groups. Visibility can help change perceptions and reduce prejudice, fostering a more inclusive environment.

In Chile, there is the Sexual Health Care and Control Program (UNACESS, for it Spanish acronym), which consists of a multidisciplinary team where nursing professionals participate in the prevention and care of sexually transmitted infections (STI).

Therefore, it is worth asking: What are the experiences of nursing professionals when providing humanized care to people with gender diversity belonging to the UNACESS and STI programs at the Diagnostic and Therapeutic Center (CDT) of a healthcare institution?

This study aims to understand the experiences of nursing professionals when providing humanized care to people with gender diversity in the current context. Watson's Theory of Humanized Care contributes to raising awareness and increasing the levels of knowledge among health professionals working with gender-diverse individuals, contributing to the disciplinary development of Nursing.

This research is expected to help make the current issue visible and establish new strategies to strengthen inclusive care and respect human rights. Additionally, it aims to provide a solid theoretical foundation in Nursing that promotes a more compassionate and holistic approach to gender diversity care. It follows Watson's theory principles, emphasizing the importance of transpersonal care and humanization in nursing practice.

Methodology

Qualitative research with a phenomenological approach based on exploring the phenomenon through the perceptions and experiences of health professionals. [20-22]

The universe was comprised of nursing professionals from a public health institution working in UNACESS and STI programs. The sample used was determined by data saturation. Inclusion criteria established that participants were nurses from these programs who had attended to people with gender diversity and agreed to participate in the study. The information collection was carried out over four weeks in October 2022.

Table 1 – Characterization of the Interviewees

Characteristic	Number
Male	2
Female	2
Average Age	35 years
Average years of experience in the unit	3 years
Position	1: Program Coordinator 3: Assistant Nurses

Semi-structured interviews were conducted individually to facilitate participants' natural expression. They were conducted in a room within the same institution to ensure a comfortable and confidential environment. Participants read and signed the informed consent before the interviews, which were audiotaped and lasted an average of 30 to 40 minutes, led by the principal investigator. The interviews followed a guiding question script, and once completed, the researchers transcribed the audio recordings, respecting anonymity. Once data saturation was achieved, the interviews (I) concluded with 4 participants, as the data significant to the research questions and objectives began to be repetitive. Subsequently, a discussion group (DG) was formed with the same participants who were individually interviewed to understand their experiences better. This group interview lasted 40 minutes. Data were analyzed through content analysis, beginning with reading the interviews by each researcher separately, followed by a joint discussion based on the objectives and guiding questions. This data led to coding the discourses, establishing different dimensions and categories, and capturing the phenomenological sense using thematic expressions and evocative phrases from the text. The interpretative framework was established according to Watson's model, applying the ten curative factors of care (CF). [23]

The study was authorized by the Scientific Ethics Committee of the Universidad Santo Tomás South Center with code N° 22-86. It was based on the seven ethical requirements in clinical research established by Ezequiel Emanuel. The participation of the interviewees was voluntary, and they signed informed consent.

Results

The results were organized into three dimensions with their respective categories. The first three were defined based on the objectives, while the last emerged from the narratives (Figure 1).

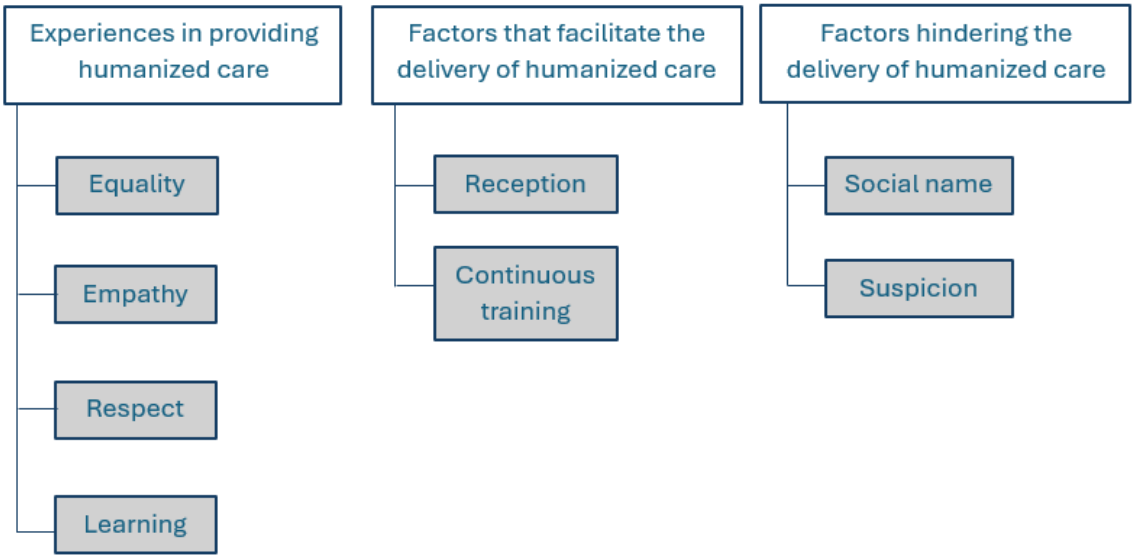

Figure 1. Dimensions and Categories of the Experiences of Nursing Professionals from UNACESS Program in a Public Health Institution.

First Dimension: Experiences When Providing Humanized Care

Humanized care is embedded in nursing care holistically, considering the human aspect of the person, regardless of whether they are healthy or ill, to establish quality care through the nurse-patient relationship. [1] This dimension reflects the experiences of nursing professionals when providing humanized care to people with gender diversity. The following analysis corresponds to this dimension's four categories: equality, empathy, respect, and learning.

Equality

For this group of nursing professionals, providing humanized care goes beyond how the person appears; it is about treating the person as an integral being deserving of equal and quality care without discrimination.

> At first, one arrives with fear; it is different, but then one realizes that they are like any other patient one attends to daily. It becomes habitual, natural as if it does not attract attention (I3: cod. 10-13).

> Thus, a rich communication with patients occurs, regardless of their gender identity. I believe one must come to work here with an open mind, without prejudices, and treat patients like any other (I3: 16-19).

Watson proposes in CF3: "Cultivating sensitivity towards oneself and others". [26] Nurses can develop this by freely practicing spiritual and transpersonal practices that go beyond the ego and open up to others with sensitivity and compassion.

Empathy

Empathy goes beyond the concept; it is about being in the same position as another and understanding how they feel. It is understanding the situation experienced by the other person without judging or prejudicing. This attribute allows nurses to understand the other person truly. [24]

> The advice is to open our minds, be empathetic from the word's description, put oneself in their place, and know what it feels like because being empathetic only from the mouth does not work (I4: 123-125).

> They generally seek me to attend to them and solve their problems because they understand that I will not discriminate against them, judge them, and I am doing my job as professionally as possible (I1: 17-20).

As explained in Watson's theory in CF4: "Developing a helping-trust relationship". [26] Protecting the patient from feelings and emotions, both positive and negative, to understand what they feel. These feelings are part of life and the processes we live as human beings. [25, 26]

Respect

Respect is essential in delivering care and professional training, endowing it with the ability to make decisions that allow acting and providing care with moral excellence. [26-28]

> We professionals must treat the user with respect, regardless of the person, social class, or sexual orientation. It does not matter; it is a user. We must treat them with respect and empathy, and try to solve their problem and improve their quality of life (I1: 81-86).

As explained in Watson's theory in CF4: "Developing a helping-trust relationship while maintaining an authentic caring relationship through trust". [29] Based on this, nursing actions will be determined to preserve the patient's dignity and respect. Respect is recognizing one's value and the rights of human beings and society. [30]

Learning

The interviewed nursing professionals emphasize the need for prior learning related to the initial and primary education of Nursing to acquire the necessary knowledge and skills to face this group of people with gender diversity.

> Training and learning about this community is essential if we will work directly with them. We have a large population that is part of this community. Any health professional should learn or be more oriented on the subject because it is a growing population daily, and we will attend to them in hospitals and everywhere (DG: 94-101).

> It would be ideal if, within the career, there was a specific course or at least an option or something that could bring us closer to this growing population; it was a minority before, but now it is a population that grows daily (I2: 147-151).

Watson's CF7 is "Promoting interpersonal teaching-learning. Participating in true teaching-learning that addresses the unity of being and its sense and tries to stay within the other's reference framework". [16] For nursing, it is essential to provide care with relevant

preparation and have tools that allow delivering care according to the needs of each person in a diverse context. [31–33]

Second Dimension: Factors that Facilitate the Delivery of Humanized Care

For these professionals, the factors that facilitate the delivery of humanized care to people with gender diversity are reflected in two categories: reception and continuous training.

Reception

Protection and care are offered to someone in need of help or refuge. These professionals must create a trusting and comfortable environment during the first care.

> Here, most patients are trans, and they require more personalized attention because their complaint is feeling left out and diminished, and I try to avoid that. The young population is much more open-minded, and it is not an issue for them. There are still older staff with a different mindset, but there is generally good acceptance by the staff (I4:46-52).

> I believe that the protective factors for the patient to feel comfortable are good reception, good communication, effective communication, i.e., looking into their eyes, which fosters a sense of connection and empathy (I4:68-70).

As explained in Watson's theory in CF1: "Humanistic-altruistic value formation within a system of values" [16] and CF8: "Creating a protective and/or corrective environment for the physical, mental, spiritual, and sociocultural medium". [4] The nursing staff is responsible for creating a space where patients feel comfortable and satisfied with the care provided, fostering a sense of care and responsibility. This is closely related to the individual's health.

Continuous Training

Training plays a vital role for this group of nursing professionals, helping them to know more about the population they work with daily.

> But we have been training ourselves as much as we can. I have taken two courses on gender diversity, and I have been learning because it is not something taught in university (I2: 68-71).

As explained in Watson's theory in CF7: "Promoting interpersonal teaching-learning, participating in true teaching-learning that addresses the unity of being and its sense and tries to stay within the other's reference framework". [16] Continuous training is recognized as a vital tool to improve nursing professionals' competencies, focusing on lifelong education to maintain and improve skills and knowledge. This is particularly crucial in adapting to new challenges and providing humanized and comprehensive care to this group of gender-diverse people.

Third Dimension: Factors that Hinder the Delivery of Humanized Care

Factors hinder nursing professionals' delivery of humanized care by nursing professionals to people with gender diversity. [34] These factors are reflected in two categories: social name and suspicion.

Social Name

Social name refers to the name by which a person identifies with their gender identity and expects recognition and identification in public and private instruments. Although the social name is recognized as relevant information from the first care, there is an urgent need to establish standardized practices to integrate it from the beginning and promptly, as it has not yet been standardized for all patients. [27, 35-37]

> But that social name is not always in the clinical record or institutional records, so one goes out to call, for example, Juan Pérez, but that person is not called Juan Pérez; she is called Marcela (I1: 57-60).
>
> It is a very uncomfortable situation for both the patient and us. One does not want to call them by their biological name; one wants to call them as they want to be treated, but we did not know because it was the first care, and there were no records of that person according to their social name (I1: 62-67).

This relates to Watson's CF8: "Creating a protective and/or corrective environment for the psycho-mental, spiritual, and sociocultural medium, be it the whole beauty, comfort, dignity, and peace". [16] Recognizing the person through their social name is a significant aspect of dignifying them in their being. [38]

Suspicion

It is a feeling that manifests with fear, distrust, and doubts about the professional providing care, especially at first contact.

> They are people who have some prejudices regarding the people who will attend to them and often arrive prepotent, with a high tone of voice or aggressive, perhaps thinking they will be judged or mistreated due to previous experiences (I1:6-10).
>
> A general difficulty is that the same patients sometimes generate resistance or rejection to care due to the bad experiences they have had before (DG: 38-42).

Taking Watson's CF5: "Acceptance of expressions of positive and negative feelings through being present and constituting a supporter of expressing positive and negative feelings in connection with the deeper spirituality of the cared-for being". [16] Due to previous experiences, the person arrives with a self-defense attitude. This is perceived by professionals who have a crucial role in managing patient suspicion by creating a trusting environment that facilitates expressing their feelings and emotions.

Discussion

This study focuses on exploring the meanings attributed by nursing professionals to the experiences related to the perception of the interaction when providing care to people with sexual diversity to improve the satisfaction of their expectations and promote equity and justice in health. The results obtained allow us to make some considerations, which are presented below.

Among the experiences, when providing humanized care by the nursing professional, empathy, equality, respect and learning stand out. These skills improve the quality of receiving care, joining with Jean Watson's theory that establishes the 10 charitable factors of care, here the spiritual being of the nursing professional is recognized in a phenomenological context accepting the person. Watson emphasizes understanding people

as things appear to them, recognizing the different forces intervening in the interaction between the nurse and the user. Care can be demonstrated and practiced in an interpersonal relationship, transmitted according to culture and human and social needs. Care is contextualized according to time and place. [4] Society has evolved, and with it, there is a need for respect, trust, and understanding, positively influencing the experiences and health experiences of gender-diverse people and driving nursing professionals to be aware of their perceptions and understand the others' perceptions.

Attitudes towards gender diversity are directly related to homophobia because if there is prejudice about sexuality, the perception of people's sexual identity will be similar. Therefore, it is essential to implement training activities to prevent discrimination against the LGBT+ community. [14]

This study underscores the vital importance of continuous training after the initial learning phase. It highlights a significant lack of skill development when working with gender-diverse people. According to the interviewees' experiences, starting working life, they face situations that can hinder close communication between the professional and the person due to a lack of necessary tools to provide comprehensive care. This relates to Benavides et al. systematic review [39] on health care for the LGBTIQ+ population, stating that while comprehensive training for health professionals is sought, it only sometimes manifests in practice when treating patients from the mentioned community. Therefore, it is crucial to integrate these topics into university curricula to offer more holistic care and reduce disparities in care. [4, 39]

One of the limitations identified in the research is the sample size. Although data saturation was achieved with the four participants, a larger and more diverse sample could have shed light on aspects emerging about the studied phenomenon. It is important to acknowledge these limitations, as they demonstrate the researchers' awareness of potential areas for further study.

Conclusion

Understanding the experiences of nursing professionals when providing humanized care to gender-diverse people implies fundamental values such as equality, respect, and empathy, requiring inclusive training from the undergraduate level to consider the person holistically. In this context, Watson's Transpersonal Care Theory emphasizes the importance of transcending conventional barriers and connecting more deeply with the person, recognizing their individuality and unique experience.

The lack of soft skills acquisition initially leads to difficulties in the nurse-user relationship, mainly due to ignorance about gender diversity. Suspicion of gender-diverse people hinders first consultations as they fear being vulnerable. Integrating the social name from the beginning and promoting timely information integration is crucial. Reception and continuous training, in line with transpersonal care principles, are essential to creating a trusting and safe environment and reducing vulnerability and discrimination.

These findings, reflecting the reality of professionals in the institution where the research was conducted, have the potential to significantly inform and improve healthcare practices in other health institutions with similar characteristics.

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Data availability: The data set supporting the results of this study is not available.

Authors' contribution (CRediT Taxonomy): 1. Conceptualization; 2. Data curation; 3. Formal Analysis; 4. Funding acquisition; 5. Investigation; 6. Methodology; 7. Project administration; 8. Resources; 9. Software; 10. Supervision; 11. Validation; 12. Visualization; 13. Writing: original draft; 14. Writing: review & editing.

P. R. M. has contributed in 1, 2, 3, 5, 6, 11, 13, 14; C. S. T. in 1, 2, 5, 6, 11, 13, 14; A. C. Q. in 1, 2, 3, 5, 6, 11, 13; B. S. M. in 1, 2, 3, 5, 6, 11, 13; B. V. R. in 1, 2, 3, 5, 6, 11, 13.

Scientific editor in charge: Dr. Natalie Figueredo.