

Authentic allyship for gender minorities

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Abstract

The visibility and discussion on the rights and needs of Trans and Non-Binary communities in relation to healthcare have seen growing prominence in recent years. Despite an overall improvement in access to legal protections, civil rights, and in many jurisdictions specialist provision of healthcare for gender minorities, there remain poorer health outcomes in many areas and ongoing experiences of discrimination and transphobia. In this article, we set out the prerogative for nurses to step up as authentic allies for Trans and Non Binary people and put forward strategies to enhance the experience of gender minorities in healthcare through practice, education, and systems change.

INTRODUCTION

It is without doubt that recent years have seen more discussion and visibility of the lives and needs of Trans and Non-binary people in society, and also in healthcare discourse. While more awareness and focus has brought, a greater understanding of the specific healthcare needs of these groups, it has also led to negative responses in the form of discrimination and intolerance. In this paper, we discuss the imperative for nurses, to provide authentic allyship and support for gender minority communities and propose sustainable strategies for the same.

Wu et al. (2019) put forward three elements of allyship: consciousness-raising, whereby we become aware of the issues impacting disadvantaged and minoritized groups; capacity building, developing the knowledge and strategies for combatting injustice; behavioral changes, where our knowledge and strategies are put into practice. Authentic allyship is a complex process and motivations for becoming an authentic ally might come from varying sources, for Wu and colleagues narratives of allyship negate the need to enter an oppressor vs oppressed dichotomy to move toward active social justice. For nurses, authentic allyship for minoritized and disadvantaged groups is clearly aligned with concepts of person-centeredness, patient advocacy, autonomy, and social justice. Good

nursing practice for gender minorities must incorporate authentic allyship and affirming care.

TRANS ENCOUNTERS WITH HEALTHCARE

For many people from gender minority communities, engagement with healthcare professionals is inevitable; and often part of the journey toward transitioning and living an authentic life. On visiting the Museum of Transology (Museum of Transology, 2017) the numerous artifacts on medical notes, prescriptions, empty vials, and syringes bring this into sharp focus. The lives of Trans people and the professional practice of nurses are inherently intertwined. However, evaluations and reflections by Trans people on their healthcare experiences, are often fraught with poor treatment, discrimination, and transphobia (Cicero et al., 2019; Floyd et al., 2020).

It is imperative for nurses to provide a safe and affirming space for those they care for to experience well-being in its fullest sense, and while undoubtedly there will be occasions of conflict in values, perspectives, or worldview, discrimination must not be tolerated in the healthcare environment, and it is incumbent on nursing staff to challenge any discrimination witnessed. The discrimination faced by Trans people is often due to a prevailing experience of Transphobia, a

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fear, dislike, or mistreatment of Trans people. Transphobia in healthcare comes in many forms, in its most obvious Trans people might be refused care because they are Trans, but also issues of misgendering, inappropriate questioning, or ridicule should be challenged (Stonewall, 2015).

GENDER-AFFIRMING HEALTHCARE

Gender-affirming healthcare does not mean that healthcare is provided based on simply whatever the patient wants the patient gets; it is a collaborative approach to providing appropriate care which recognizes the individuals' right to identify and express their gender identity in a way that is authentic and meaningful for them. It is important to note that gender affirmation in healthcare does not only refer to access to treatments or therapies specific to the transitioning process, but also to how Trans and Non-Binary patients are communicated and interacted with in healthcare practice. Simple interventions such as clarifying pronouns, and respecting bodily autonomy and privacy can make a big difference in the experience of Trans people in healthcare. Asking someone what pronouns they use not only establishes clarity for communication about the patient, but further signals to a Trans or Non-Binary patient that you acknowledge that gender expression is diverse and confirm that it is respected. The issue of privacy can be particularly sensitive for Trans and Non-Binary patients, reassuring them that their Trans or Non-Binary identity will not be disclosed to others unless necessary for healthcare reasons is of the utmost importance. While nursing care may inevitably require bodily exposure, intimate assessments, and interventions, recognition of the sensitive nature of these things for Trans people due to previous poor experiences in healthcare should be considered. Every person accessing healthcare is entitled to affirmation and respect in their encounters with healthcare professionals, for gender minorities this is no different, although sometimes a lack of awareness can lead to a lack of confidence from healthcare professionals in their encounters.

AUTHENTIC QUESTIONING AND GOOD INTENT

There are many reports of nurses' concerns about making mistakes, or saying the wrong thing when caring for Trans and Non-Binary patients (Carabez et al., 2015; Dorsen, 2012; Strong & Folse, 2015) which is understandable, as for many nurses' issues of gender minority diversity are relatively new, and not always something dealt with in healthcare professional education. Generally speaking, Trans and Non-Binary people will accept such errors if an apology is forthcoming and such errors are not constantly repeated. Recognizing the patients' expertise in their own lives and experiences should be seen as an asset for those providing care, especially when their specific issues are unfamiliar to the nurses providing that care. Authentic questioning is an approach we put

forward whereby nurses would only ask questions that are relevant, appropriate, and sensitive to the needs of the person they are caring for. The important thing about authentic questioning is that it is underpinned with good intent, nurses should be explicit in why they are asking questions and also how any information given should be used. As with all healthcare encounters, only information relevant to care should be asked for. Obviously, healthcare requires personal information to be acquired and as long as patients are reassured as to the motive and use of information, as well as reassured of the confidentiality of encounters, the authenticity, and intent of questioning will reassure.

While an approach of authentic questioning will avoid conflict in most cases; there is potential that questioning, especially around the transitioning process or medical history might trigger upset or a negative reaction from a Trans or Non-Binary patient, especially if it is not apparent to the patient why this information would be relevant to their care. For some gender minorities, previous negative experiences in healthcare might also be a source of conflict with healthcare professionals. What is important in these situations is that upset is acknowledged and the patient is reassured of the intent and rationale of questioning. There is nothing peculiar in these situations, there is always potential for healthcare encounters to spark some discomfort and conflict. Nurses should be reassured to manage this conflict as they would any interpersonal conflict with a patient, with the goal to move forward in a therapeutic and respectful way.

TRANS OBSESSIONISM

While acknowledgment of the specialist healthcare needs of Trans and Non-Binary people is important in healthcare practice; it is equally important to note that not all healthcare engagement by gender minorities, will require specialist knowledge on medical transitioning. At times in healthcare encounters, an overfocus on the "Trans" part of a person might be seen as what we, the authors of this paper, refer to as "Trans-obsessionism"—whereby every condition, problem, or encounter is focused on a person being Trans or Non-Binary, rather than on the issue itself. Knutson et al. (2016) describe the phenomenon of "Trans broken arm syndrome" (p. 31); for example, if a Trans person attends an emergency department with a broken arm, they will undoubtedly need orthopedic care; however, there is an "extra layer" (p. 31) added when it is a Trans person, and their gender identity becomes a focus for healthcare providers. In reality, of course, there is no need for a gender specialist to review or consult on this patient's case, or for treating physicians or nurses to question in depth about their transition status. Trans-obsessionism is experienced through an over-focus on the patient's Transness, which could be experienced as stigmatizing and minoritizing for this patient. While this is often done without any malice, it is important for healthcare professionals to recognize that not all healthcare issues experienced by gender minorities will be related to a person's gender.

ADDRESSING THE NEEDS OF GENDER MINORITIES IN NURSING EDUCATION

A significant barrier to effective care for gender minorities is the absence of formalized education for nursing and healthcare professionals. If nurses are not aware of the needs or issues related to Trans and Non-Binary patients, it is more likely that they will neglect to meet them. The most pertinent issue in nurse education is to ensure that there is visibility of Trans and Non-Binary people across the curriculum, both in terms of the specific healthcare issues for Trans and Non-Binary people, but also more generally as they are likely to meet Trans and Non-Binary people as patients, family members and colleagues across their careers. While it is important that nurses have direct education on the needs of people undergoing medical transition, it is also important that student nurses are aware that gender minorities are likely to access many different areas of healthcare also. To ensure adequate coverage of issues related to gender minority communities, while not further embedding a culture of Trans-obsessionism, as discussed earlier, a framework of “Usualising” and “Specifising” has been developed by the authors. Usualising is a term originally used by UK-based LGBT education organization SchoolsOut as a description of how sexual and gender minority identities are integrated into different aspects of the curriculum, in a happenstance and unremarkable way. The aim of this approach is to destigmatize the inclusion of gender and sexual minority identities to the point that their identity is not noteworthy (Horton, 2020), the term normalizing is avoided as this in itself can be exclusionary. The framework that we propose is two-pronged, we recommend that throughout the curriculum Trans and Non-Binary identities are “Usualised”; for example, whereby clinical cases just happen to include a Trans or Non-Binary person accessing healthcare rather than it being the primary focus. While also engaging in what we describe as “Specifising,” ensuring that other elements of the curriculum directly engage with issues related to the specific healthcare needs of gender and sexual minority communities, health inequalities, and interventions to support gender and sexuality-affirming care.

In this way, gender minority identities become a familiar part of the curriculum and are not only just discussed when there is an issue that relates specifically to medical transitioning. While also facilitating learning to prepare nurses to support patients through medical transition, and gender-affirming care, and in tackling specific health inequalities.

McCann and Brown (2018) address how and where integration takes place in their new conceptualization of how the needs of LGBTI+ people are addressed in the nursing curriculum; suggesting that integration should take place in theoretical modules, simulated practice, and clinical practice placements. Doing this with a Usualising and Specifising framework may mean that theoretical modules would include both specific classes on the needs of Trans and Non-Binary patients, but also incorporating Trans and Non-Binary identities in more general class discussions. Simulated practice could involve scenarios around taking a medical history from a standardized Trans patient, being mindful of the sensitivities discussed earlier in the authentic questioning section, or specifising workshops on care of

patients post gender-affirming surgery. Students could further be encouraged to discuss issues related to gender-affirming care on clinical placements and to integrate practices such as ascertaining pronouns within their patient care.

ACCESS TO HEALTHCARE

Beyond issues of direct patient care and clinical practice, a core issue related to healthcare equity for gender minority communities is ensuring timely and adequate access to healthcare services. There are many models of healthcare provision for Trans and Non-Binary individuals who wish to medically transition, but in many jurisdictions, there are significant barriers to access. The World Professional Association for Transgender Health [WPATH] standards of care (Coleman et al., 2022) advocate for an informed consent model; this approach prioritizes the autonomy of those wishing to access medical transitioning to do so with the support of healthcare professionals, rather than by a system of proof or preexisting conditions. Patients should not have to prove their Trans identity to us as healthcare professionals, or be diagnosed as disordered to access care; gender-affirming care is about patient well-being rather than the treatment of an illness. As the largest healthcare workforce globally, with representation in many aspects of healthcare leadership and service provision, it is incumbent on nursing leaders to advocate for a respectful approach to patient autonomy in care, such as put forward by the informed consent model. The informed consent model is no different in gender-affirming healthcare than in other aspects of healthcare; it is about a partnership between clinician and patient to determine the best and most effective interventions to promote well-being, centering both patient autonomy and the scope of practice of the clinician.

CHALLENGING DISCRIMINATION

While all of the previous issues discussed relate to demonstrating authentic allyship – one of the most fundamental considerations for an ally is the willingness to challenge discrimination directly. As described by Cicero et al. (2019) experiences of direct discrimination within healthcare environments are a common occurrence for Trans people. This not only impacts the experience of healthcare, but has further been shown to contribute to healthcare avoidance and self-medication. It is disappointing to note that direct discrimination is experienced by healthcare professional staff; and while more awareness and education will undoubtedly go some way to combat this, there is a need for a direct challenge.

This for us is one of the clearest demonstrations of authentic allyship, that nurses would stand up to colleagues, managers, and other patients to challenge transphobic discrimination directly. We acknowledge that this is difficult, and in hierarchical healthcare systems does not come without risk and consequence; however, this is the most effective way to demonstrate clear support and allyship.

GENDER DIVERSITY WITHIN OUR WORKFORCE

While the primary focus of this paper is on how nurses can authentically support those they care for in their clinical practice; it is also important to be cognizant of the Trans and Non-Binary nursing workforce. There is a dearth in scholarship on the experiences of Trans and Non-Binary nurses, however, we do exist and we do face issues of workplace discrimination, and negative behaviors, both from our colleagues and also from those we care for.

There is an imperative for workplaces to take positive action around inclusiveness for gender minority staff, this in itself can have positive impacts on those we care for also. Stonewall (2015) noted that one in four health and social care staff received no training on issues of equality and diversity, and of those who did receive some training, 17% said that there was no mention of Trans people in this training, despite Trans people being protected under UK workplace equality legislation. This invisibility of Trans and Non-Binary people in specific workplace training adds to the risks of unfair treatment and discrimination within the workplace and may be a deterrent to the recruitment and retention of gender-diverse nurses.

CONCLUSION

This commentary provides just some of the considerations nurses should give to their allyship for gender minority communities—what is most important is an openness to embrace new ways of thinking and delivering care in a way that meets the needs of those who might typically be excluded. As already mentioned, recognizing the valuable contribution that Trans and Non-Binary people can make to their own care, but so to, to the planning and development of nursing practice and scholarship going forward should be stressed. The small team of authors for this commentary is made up of both Trans and Cisgender people who work in nursing practice, education, research, and community-based support services. The old adage for social justice work—nothing about us, without us—is ever important as we move forward in learning how to enhance the care delivery to this group of people.

CLINICAL RESOURCES

National LGBTQIA+ Health Education Center <https://www.lgbtqiahealtheducation.org/>

Trans Actual UK information for healthcare professionals <https://www.transactual.org.uk/healthcare-professionals>

University of California San Francisco Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2016) <https://transcare.ucsf.edu/guidelines>

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CONFLICT OF INTEREST STATEMENT

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