













ORIGINAL

## Attitude of nurses towards humanized care in critical areas for patients with gender identity

### Actitud del enfermero sobre el cuidado humanizado en áreas críticas a pacientes con identidad de género

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#### ABSTRACT

**Introduction:** nursing professionals must combat discrimination, gender gaps, and inequalities in the provision of health services in order to guarantee safety and dignified treatment. Therefore, we proposed to analyze nurses' attitudes toward humanized care for patients with gender identity issues in critical areas.

**Method:** this was a qualitative study with a phenomenological design and descriptive scope. Twelve nurses from critical care services in public and private institutions in Ecuador participated, selected by snowball sampling. The information was collected through semi-structured interviews conducted via ZOOM. This was analyzed using the Colaizzi method, as well as the integration of Consolidated Criteria for Reporting Qualitative Research (COREQ).

**Results:** 3 categories were obtained: 1. Factors that hinder care for patients with gender identity; 2. Impact on humanized care, quality of care and clinical evolution; 3. Humanized care for patients with gender identity in critical care services.

**Conclusion:** the lack of training on gender diversity is a significant obstacle in humanized care, which is affected by prejudice, stigmatization or lack of knowledge; therefore, nursing staff attitudes have a direct and significant impact on care, quality of care and clinical evolution. A respectful care approach contributes to a better experience, which translates into higher levels of satisfaction and, in many cases, improved mental and emotional health or unstructured, no longer than 250 words; written in the past tense and in the third person singular.

**Keywords:** Critical Care; Humanization of Care; Gender Identity.

#### RESUMEN

**Introducción:** el profesional de enfermería debe luchar contra la discriminación, brechas e inequidades de género en la prestación de servicios de salud, esto con la finalidad de garantizar la seguridad y trato digno; por lo que, se propuso analizar las actitudes de los enfermeros sobre el cuidado humanizado en pacientes con identidad de género en áreas críticas.

**Método:** estudio de enfoque cualitativo, con diseño fenomenológico y alcance descriptivo, participaron 12 enfermeros de servicios críticos de instituciones públicas y privadas del Ecuador, seleccionados por muestreo

bola de nieve; la información fue recopilada a través de entrevistas semiestructuradas realizadas mediante ZOOM. Se analizó esta empleando el método de Colaizzi, así como la integración de Criterios Consolidados para la Elaboración de Informes de Investigación Cualitativa (COREQ).

**Resultados:** se obtuvieron 3 categorías: 1. Factores que dificultan la atención a pacientes con identidad de género; 2. Repercusión en el cuidado humanizado, calidad de atención y evolución clínica; 3. Atención humanizada a pacientes con identidad de género en los servicios de cuidados críticos.

**Conclusión:** la carencia de formación sobre diversidad de género es un obstáculo significativo en la atención humanizada, que se ve afectada por prejuicios, estigmatización o desconocimiento; por lo que, las actitudes del personal de enfermería tienen un impacto directo y significativo en el cuidado, calidad de atención y evolución clínica. Un enfoque de atención respetuosa contribuye a una mejor experiencia, lo que se traduce en mayores niveles de satisfacción y, en muchos casos, mejora en la salud mental y emocional de las personas.

**Palabras clave:** Cuidados Críticos; Humanización de la Atención; Identidad de Género.

## INTRODUCTION

Nursing professionals in practice should be guided by cross-cultural theory, know and understand the cultural needs of LGBTIQ+ people, and therefore recognize that each individual has cultural, sexual, biological, ecological, functional, and linguistic diversity. Therefore, professionals are well-positioned to provide quality services, competent care, and cross-culturally efficient treatment, where integrated care should be paramount in both public and private settings.<sup>(1)</sup>

Similarly, in Spain, one of the countries that has made significant progress in legislation on equality and the fight against discrimination against this group, it is nevertheless necessary to analyze whether the National Health System has overcome the old pathological classifications, bureaucratic, and health processes that reflect a perception of gender as something that can be modified.<sup>(2)</sup>

In this context, access to medical care for transvestite/transgender (TT) people is one of the main issues on the current agenda of governments and LGBTIQ+ political movements. Likewise, throughout Latin America, they are exposed to unequal access to healthcare, where it is evident that individuals with gender identity are often victims of various forms of stigma, discrimination, and sexual violence that create barriers to their inclusion and permanence in the healthcare system.<sup>(3)</sup>

Similarly, demands for healthcare for transgender people are increasing in Chile and around the world, due to diseases in the general population and medical and surgical requests during the transition to the other gender. It is therefore necessary to establish various guidelines and standards of care for these patients to ensure that each person's gender identity and expression is respected and treated with dignity.<sup>(4)</sup>

On the other hand, the Pan American Health Organization points out the need to fight discrimination, gaps, and gender inequalities in the provision of health services, with ongoing training and awareness-raising for health professionals being a necessity to ensure safety, dignified treatment, and quality care.<sup>(5)</sup> At the same time, the challenges brought about by the COVID-19 pandemic in terms of access to healthcare institutions are evident, and there must therefore be a commitment to address the new challenges and disparities in the care of LGBTIQ+ people and the need to end their stigmatization, discrimination, and prejudice.<sup>(6)</sup>

In this scenario, nurses' attitudes toward humanized care in critical areas for patients with gender identity are a fundamental aspect of healthcare, as these patients face serious and stressful health situations, which intensifies the need for humanized care. This is because they may experience vulnerabilities due to social stigma, prejudice, and a possible lack of understanding or sensitivity on the part of healthcare personnel.<sup>(7)</sup> Therefore, the objective of this study was to analyze the attitudes of nurses toward humanized care for gender identity patients in critical areas.

## METHOD

The research was qualitative, with a phenomenological design and descriptive scope. This approach allows for an understanding of the beliefs, values, attitudes, perceptions, and perspectives of nursing professionals regarding the care provided to patients with gender identity issues.<sup>(8)</sup> Similarly, the research integrated the Consolidated Criteria for Qualitative Research Reports (COREQ).

The study participants were nursing professionals working in critical care services in public and private health institutions in the city of Quito, Ecuador. It should be noted that the sample consisted of 12 professionals obtained through snowball sampling conducted by each participant and information saturation, with subjects chosen once the purpose and method of the research had been explained in writing and verbally, obtaining their informed consent, as well as the designation of codes to guarantee the privacy and confidentiality of the information.

To this end, virtual sessions were held via the ZOOM technology platform, and telephone calls were made. These were recorded with an average recording time of 35 minutes, and the participants provided sociodemographic information, including their level of education, age, gender, and place of work. The interviews were semi-structured with the following research questions, which were validated through a pilot test: What factors do you consider to influence the attitudes of nursing staff when caring for patients with gender identity? How do you think the attitude of nursing staff affects humanized care, quality of care, and clinical outcomes in LGBTIQ+ patients hospitalized in critical care services? What strategies and recommendations do you think should be implemented to ensure dignified, humanistic care for LGBTIQ+ patients?

The interviews were conducted by a registered nurse under the supervision of a master's degree holder in care management. The aim was to understand how healthcare professionals provide humanized care in critical areas to people with gender identity, and to explore issues such as discrimination, professional attitudes, and previous experiences in dealing with this group of people.

The information collected was transcribed into text using Microsoft Word. For the analysis of the data, open coding was used, employing the Colaizzi method. This allowed the experiences of the participants to be summarized, organized, and detailed in a structured manner. The relationships and links between the data are to be explored using the EMIC-ETIC approach.<sup>(9)</sup> This approach facilitated understanding of the experiences of nursing staff in caring for LGBTIQ+ patients through color-coded meanings, which were then coded into categories after the convergence of the links.

It should be noted that the study incorporated ethical criteria marked by autonomy and acceptance through informed consent, before explaining the purpose of the research. This was approved by the Ethics Committee in Santo Domingo, Ecuador, on June 25, 2024, with the code DIVI-PUCESD-202402\_03.

## RESULTS

The participants were female (9) and male (3), aged between 25 and 40, from emergency departments and ICUs (Intensive Care Units) of public health institutions, with tertiary education (9 bachelor's degrees) and postgraduate education (3 master's degrees), as shown in table 1.

Participants	Gender	Age	Level of education	Area of work	Sector
E1	F	30	Master	EMERGENCY	Public
E2	F	33	Licensed	EMERGENCY	Public
E3	F	29	Licensed	EMERGENCY	Public
E4	F	3	Licensed	EMERGENCY	Private
E5	F	31	Licensed	EMERGENCY	Public
E6	F	3	Licensed	UCI	Public
E7	F	35	Licensed	EMERGENCY	Private
E8	M	32	Licensed	ICU	Public
E9	F	31	Licensed	EMERGENCY	Public
E10	M	29	Licensed	EMERGENCY	Private
E11	M	31	Magister	EMERGENCY	Public
E12	F	30	Magister	EMERGENCY	Public

After analysis, three categories and two subcategories were obtained, grouped according to the connections between the testimonies, as shown in table 2.

Subcategory	Category
	Factors that hinder care for patients with gender identity
	Impact on humanized care, quality of care, and clinical evolution
Strategies implemented to ensure dignified care	Humanized care for patients with gender identity in critical care services
Perceived recommendations to promote comprehensive care from a humanistic perspective	

On the other hand, the following responses expressed by the research participants are presented, estimated

in units of meaning.

### **Category 1. Factors that hinder care for gender identity patients**

This category indicates the factors that hinder care for patients with gender identity. These are linked to cultural aspects such as personal beliefs and values, as well as a lack of empathy, sensitivity, and respect. Similarly, a lack of experience and training in gender equality and equity issues contributes to the dehumanization of care in high-demand and complex services, such as critical care units. For this reason, the degree of trust between the patient and the nursing staff should be considered necessary, as this creates an environment of safety and respect.

The following accounts show the most prevalent factors:

“I believe that culture gives rise to assumptions and expressions that are not appropriate. Therefore, training or knowledge is relevant for staff who have adequate training to provide good care regardless of the patient group being treated, as well as communication.” E1

“These are individual factors due to lack of knowledge and education, personal beliefs and values, and previous experience. We also have organizational factors, such as politics and protocols that govern training in education and culture, and social and cultural factors, including cultural norms and values, discrimination and stigma, and social and community support.” E11

### **Category 2. Impact on humanized care, quality of care, and clinical evolution**

This category highlights the importance of humanized care, quality of care, and clinical evolution of patients with gender identity in ensuring adequate, inclusive, and respectful health care. Its application within a humanized and ontological framework promotes comprehensive, multidisciplinary care aimed at responding to needs, which generates a positive impact on the health, well-being, and evolution of LGBTIQ+ patients. This is visualized in the following expressions:

“Providing humanized care and respectful treatment with quality care not only improves emotional well-being, but can also lead to a speedy recovery.” E8

“It is essential that healthcare professionals receive training and education on caring for this population to ensure respectful, inclusive, and high-quality care.” E11

### **Category 3. Humanized care for patients with gender identity in critical care services**

This highlights the importance of nursing professionals providing humane and respectful care to patients with gender identity, as this not only improves the quality of care but also promotes physical and emotional recovery. Therefore, there is a need for ongoing education and training on gender diversity, as well as the development of inclusive protocols to ensure that all patients receive adequate care, without stigmatization or discrimination.

“Individual strategies such as education and training, self-reflection and awareness, effective communication, among others, we also have organizational strategies such as policies and protocols, inclusive training and continuing education, physical and emotional environments within systemic strategies, it is important to recognize and respect human rights, including from a gender and sexual diversity perspective, monitoring and evaluation of care are important parameters, as is incorporating a gender and sexual diversity perspective in the training of health professionals and developing educational and support materials for LGBTIQ+ patients.” E11

“Training should be implemented on issues of gender diversity, bias management, and awareness to promote respectful and dignified treatment.” E9

#### ***Subcategory 1. Strategies implemented to ensure dignified care***

This refers to the fact that strategies must be comprehensive and respectful, ensuring that people with gender identities receive quality medical care, without discrimination and with respect for their identity. These should be framed within the development of institutional policies for inclusion, comprehensive psychosocial care, the creation of safe and accessible environments, and ongoing training that promotes dignified treatment with an extensive and specific approach that guarantees respect for their identity and promotes a medical and social care environment that is not only inclusive but also free from discrimination. This is reflected in the following comments:

“Listening, effective communication, respecting their opinions and orientation, ensuring patient privacy in medical and nursing procedures. Being natural in your expressions, spontaneous, and respectful to build trust with patients.” E1

“Eliminate stereotypes, negative ideas, or fear when dealing with people who identify differently from what one sees or perceives upon first contact with the patient. Be tolerant, respectful, and do not discriminate against them. Treat them as the human beings they are, accept them without distinction of gender, and ensure

that care based on scientific principles prevails.” E4

#### *Subcategory 2. Perceived recommendations to promote comprehensive care from a humanistic perspective*

It is reported that, to promote comprehensive care from a humanistic perspective for patients with gender identity, the focus should be on ensuring an approach that respects the dignity, autonomy, and well-being of these patients, while promoting medical and psychological care that recognizes and validates their identity. A comprehensive approach that combines education, inclusive protocols, a safe environment, and active patient participation ensures dignified, respectful, and appropriate care. As reflected in the following statements:

“Training for healthcare personnel, focused on non-discrimination and quality care regardless of the patient’s sexual orientation.” E1

“Encourage professionals to be empathetic with patients, provide training on humanized care, gender equality, and equity.” E2

## DISCUSSION

Humanized care for patients with gender identity has been compromised and violated due to stigma, prejudice, and discrimination that may be present among nursing professionals, as evidenced in the study. In this sense, discrimination in the medical field is persistent, ranging from the incorrect use of pronouns to a lack of knowledge about diverse sexual practices.<sup>(10)</sup>

In addition, the research found that healthcare personnel provide care based on cultural competencies, beliefs, and values that can hinder the dignified treatment of people with diverse orientations and lifestyles. In this context, gaps have been identified in cultural competencies in LGBTIQ+ health, a lack of awareness, and a lack of knowledge of health policies in the care of these types of patients, which can lead to non-inclusive attitudes toward the care of these individuals.<sup>(11)</sup>

In turn, it was found that the lack of awareness and high demand for critical services, as well as the lack of professional experience, have an impact on the quality of care for this population group. It should be noted that these factors can lead to acts of segregation, abuse, and violence, as well as unfavorable attitudes based on erroneous and inconsistent generalizations, resulting in rejection and direct stigmatization in health services.<sup>(12)</sup>

On the other hand, receiving empathetic, inclusive, and respectful care based on an ontological and humanized framework that considers not only clinical needs but also emotional, social, and cultural aspects has been shown to have a positive impact not only on clinical outcomes but also on the emotional well-being of this population. It should be noted that for nursing professionals, providing humanized care goes beyond how the person is seen; they are a whole person who deserves equal and quality care without discrimination based on their origin.<sup>(13)</sup>

Likewise, humanized care from an ontological perspective framed by respect for human rights and dignity promotes a positive hospital stay, timely diagnosis, and optimal recovery for patients with gender identity issues. Therefore, comprehensive care must be provided by competent healthcare professionals who focus on assertive communication and active listening, under a paradigm of continuous training that guarantees quality care, warmth, and dignified treatment, free from discrimination.<sup>(14)</sup>

Similarly, ongoing training for healthcare professionals is crucial to ensure respectful and inclusive care. Lack of knowledge on issues related to sexual and gender diversity creates significant gaps in the quality of care, and the absence of training on these issues can lead to discriminatory, stigmatizing, or even ignorant attitudes, which negatively impact patient confidence in health systems and, in many cases, discourage people from seeking medical care. Therefore, nurses play a crucial role in comprehensive health care for the LGBTIQ+ population, to improve the quality of care and prevent discrimination.<sup>(15)</sup>

In this regard, it was recognized that the development of inclusive protocols would have a significant impact on improving the care and well-being of the LGBTIQ+ community, ensuring more equitable and respectful treatment without discrimination and creating environments of trust and safety. Thus, the protocols highlight specific guidelines on how to treat transgender people, with an emphasis on the need for a comprehensive approach that includes medical, psychological, and social care. In addition, the protocol establishes measures to raise awareness and train health care personnel on issues related to gender identity and the rights of transgender people, seeking to reduce existing stigma and prejudice.<sup>(16)</sup>

Therefore, the strategies implemented in the health sector must be comprehensive, ensuring quality care that does not discriminate against or exclude patients based on their gender identity, and must include the development of emotional and ethical skills that enable professionals to provide dignified and respectful treatment based on principles of equality and non-discrimination. The SOC-8 recommendations are therefore an essential step toward ensuring that people receive adequate, inclusive, and respectful medical care. However, challenges remain in terms of the effective implementation of these regulations at the global level.<sup>(17)</sup>

The importance of treating people with gender identity in a humane manner is recognized, as a positive and



respectful attitude on the part of nursing staff can lead to reduced levels of stress and anxiety, which is vital in high-traffic environments such as critical care areas. This study demonstrates not only a personal impact but also a significant contribution to society, as it is aligned with the urgent need to transform health systems.

Therefore, ongoing training for nursing professionals plays a vital role in the provision of care, as it provides up-to-date knowledge on diverse gender identities to promote health and provide comprehensive well-being, as well as reduce stigma and discrimination to comply with ethical and legal standards that promote equity and equal access to healthcare.

It should be noted that limitations were observed in the care provided to this group by some professionals, with staff showing greater openness toward transgender people, which somewhat restricted the discussion of the quality of treatment of other users with different orientations. In addition, most admissions were reported in emergency and internal medicine services, which limited the number of cases among participants from intensive care units.

## CONCLUSIONS

Humanized care emerges as a necessity to transform care scenarios for priority and vulnerable groups in areas of high demand and complexity. This is crucial, as work overload, lack of knowledge, and negative attitudes are significant barriers that lead to stigmatization, rights violations, and compromised care quality and safety. It should be noted that the attitudes of nursing staff have a direct and significant impact on humanized care, the quality of care, and the clinical evolution of gender identity patients in critical care services. A respectful and empathetic approach to care contributes to a better patient experience, which translates into higher levels of satisfaction and, in many cases, improvements in mental and emotional health.

Therefore, ongoing training on issues related to gender diversity, the creation of inclusive protocols that ensure respect for human dignity, and the promotion of an organizational culture that values diversity are necessary, centered on the ontological vision of a worldview focused on the person and families.

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## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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