

“How Are People Going to Teach This if They Don’t Know About It?”: An Interpretive Descriptive Study of Undergraduate Nurse Educators’ Experiences With Gender Inclusive and Affirming Practices

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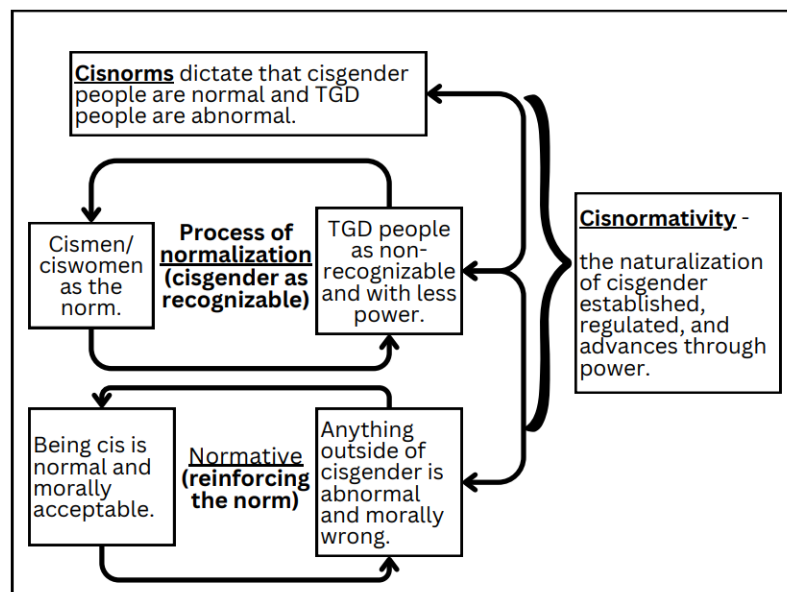
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Gender affirming care is an approach designed to meet the needs of transgender and gender diverse (TGD) people, though many of these practices are also part of routine care for people of any gender (e.g., estrogen for cisgender women). While in recent years, gender affirming care content has emerged within nursing education (Crawford, Brandt, et al., 2024; Sherman et al., 2023), gaps in nursing student knowledge persist (Wang et al., 2023). Concurrently, there are disparities in nurse educator competence and comfort in integrating gender affirming care into nursing curricula (Moore et al., 2023; Nye et al., 2024). Nurse educators report 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 facilitate teaching this content (Shortall, 2019). Gender affirming care has yet to be explicitly named as an entry-level standard or requirement across curriculum-shaping bodies in Canada (Shortall, 2019). As such, few schools of nursing (SONs) have reported strategically and intentionally embedding gender affirming care through curriculum mapping and revamping processes (McDowell & Bower, 2016; Sherman et al., 2022). Addressing this gap requires attention not only to what is taught but to how gender diversity is integrated across all levels of the nursing education environment—what the authors have termed *gender inclusive and affirming practices* (Crawford, Brandt, et al., 2024).

Currently, the responsibility for addressing gender affirming nursing education falls on individual nurse educators. The silencing of this health care priority allows for cisnormativity—the belief that being cisgender (non-transgender) is the norm and that everyone is cisgender—to dominate nursing education and learning environments (Cicero, 2023) (see Figure 1). With the emerging visibility of TGD people (Statistics Canada, 2023), along with increasing awareness of the many reasons TGD people seek care beyond transition-related needs, it is increasingly vital that gender affirming care be identified as a standard of nursing care taught throughout undergraduate nursing education (Kimmel et al., 2024).

Figure 1

Diagram of the Process of Cisnormativity



Note. From “‘It’s very cisnormatively structured’: An interpretive description of undergraduate nursing students’ experiences of gender inclusive and affirming practices,” by J. Crawford, M. Kramer, J. Ristock, and A. S. H. Schultz, 2025, *Nursing Inquiry*, 32(2), p. 2 (<https://doi.org/10.1111/nin.12701>). CC BY-NC 4.0. Reprinted with permission. This diagram has been informed by McCann and Monaghan (2020).

While SONs develop undergraduate nursing programs, there are three key curriculum-shaping bodies in Canada (Almost, 2021): 1) provincial and territorial regulatory bodies, which oversee a mandatory approval of undergraduate nursing curriculum required for graduating students to be eligible to write registration exams; 2) the Canadian Association of Schools of Nursing (CASN), which oversees non-mandatory accreditation of education standards; and 3) pre-licensure examination bodies, which administer required entry-to-practice licensure exams. Each of these curriculum-shaping bodies drives curriculum content, and none identifies educational or care standards specific to gender affirming care.

CASN recently released a guideline for *Promoting Equitable, Affirming, and Inclusive Environments for 2S LGBTQAI+ Nursing Students* (CASN Committee on Advancing SOGIESC Equity and Success, 2025). However, entry-to-practice competencies, entry-to-practice licensure exam test plans, and regulatory documents remain laden with catch-all phrases (e.g., cultural safety, cultural competence) to encompass the multivariate needs of equity-owed populations (Slemon et al., 2024). This oversimplification is problematic because it leads to the erasure of the needs of specific populations, which fails to disrupt specific problematic normative contexts, such as cisnorms that continue to harm TGD people and patients.

Furthermore, as found in a recent study (Crawford et al., 2025), nursing education reinforces cisnormativity through tokenization and othering of TGD nursing students, lacking gender affirming institutional policies and gender inclusive spaces, and the absence of TGD representation among nursing faculty. The dominance of cisnormativity within nursing education, influenced by curriculum-shaping bodies, educational environments, policies, and documents (Shortall, 2019), perpetuates chronic erasure and discrimination of TGD patients, nurses, nursing students, and nurse educators (Crawford et al., 2025). This problem extends beyond formal curriculum content on gender affirming care, revealing the influences from both informal and hidden curriculum.

Learning happens in multiple ways across education within formal, informal, and hidden curriculum levels (Hafferty, 1998). Previous papers by the authors have adapted these three levels of curriculum into a gender inclusive and affirming practices framework (Crawford, Brandt, et al., 2024; Crawford et al., 2025). Informed by queer theory, gender inclusive and affirming practices aim to normalize gender diversity across language, interactions, processes, environments, and structures (Crawford, Brandt, et al., 2024). Gender inclusive and affirming practices integrate gender diversity and disrupt cisnorms across curriculum experiences, fostering inclusive and affirming *environments* rather than simply curriculum content (see Table 1). Sustainable implementation of gender inclusive and affirming practices requires attention to disrupting this erasure within nursing education (Crawford, Brandt, et al., 2024; Kellett & Fitton, 2017). While gender inclusive and affirming practices have been developed in a nursing education context, the framework can be applied to other settings (e.g., health care practice).

Table 1

Differentiating Gender Affirming Care From Gender Inclusive and Affirming Practices

Level of curriculum	Formal	Informal	Hidden
Type of learning	What is taught/intended learning	Unscripted/relational learning	Unofficial/experienced learning
Example	Teaching of gender affirming care	Language use that is inclusive and affirming of all genders	Environments that are inclusive and affirming of all genders
Distinction	<i>Gender affirming care</i>	<i>Gender inclusive and affirming practices</i>	

There is a need to understand how nurse educators integrate gender inclusive and affirming practices, alongside exploring their unique role in influencing student learning and the recommendations they identify to move this work forward. As part of a larger study (Crawford, Brandt, et al., 2024; Crawford et al., 2025), in this article, we describe nurse educators' experiences integrating gender inclusive and affirming practices across nursing curriculum and recommendations to meaningfully move towards sustainable gender inclusive and affirming practices in undergraduate nursing education.

Methods

Thorne's (2016) interpretive description design informed the larger study (for full methods, see Crawford, 2025), which sought to explore gender inclusive and affirming practices across undergraduate nursing programs in Canada. The present study critically analyzed the relations among nursing education contexts, nurse educators, and gender inclusive and affirming practices. We used queer theory to make visible and disrupt norms and power structures of cisnormativity (McCann & Monaghan, 2020); the three levels of curriculum allowed for a more in-depth exploration of the learning environment (Hafferty, 1998). The pragmatic approach of interpretive description also informed the development of usable strategies for advancing nursing and nursing education regarding gender inclusive and affirming practices (Thorne, 2016). Ethical approval was granted by the corresponding author's university (HE2023-0096). (For more details on ethical procedures, see Crawford, 2025; Crawford et al., 2025.) Reporting was guided by the Standards for Reporting Qualitative Research (O'Brien et al., 2014).

Data Collection and Analysis

We recruited a convenience sample of undergraduate nurse educators across Canada via emails sent through CASN interest groups ($n = 2$), Twitter/X ($n = 4$), and snowball sampling ($n = 2$). A convenience sample was chosen given the scope of the larger study and the exploratory nature of this research. A maximum of two educators per institution was permitted, with a target sample size of eight. Two participants were known to the interviewer from CASN interest groups.

Data collection included an online consent form and demographic questionnaire ($n = 8$) (for study materials, see Crawford, 2025, pp. 181–193). Educators were offered a \$30 honorarium per interview. One educator was unable to continue in the study due to unforeseen circumstances. Seven educators attended both initial and follow-up semi-structured interviews from June to August 2023. The lead author (JC) conducted one-on-one interviews on Zoom (40 to 60 minutes each) and transcribed them

verbatim. Transcripts were deidentified and uploaded to an ethics-approved secure location. Initial interviews aimed to understand educators' experiences with gender inclusive and affirming practices. Using queer theory, follow-up interviews built on these initial conversations, seeking to reimagine the structures and supports necessary to advance gender inclusive and affirming practices in nursing education. (For the interview guide, see Crawford, 2025, pp. 192–193.)

Data analysis was co-occurring with data collection. Following each interview, summary, analytic, and reflexive notes were written. Data immersion throughout the study included repeatedly listening to, reading, and reflecting on interviews, which supported auditability (Thompson Burdine et al., 2021; Thorne, 2016). A coding matrix was generated and refined and created an audit trail. Analysis included comparing and contrasting initial and follow-up interviews within and between participants, helping to identify norms (McCann & Monaghan, 2020; Nye et al., 2024). The critical lens offered by queer theory led to interrogating power relations; that is, analysis recognized that educators are part of a complex web of processes and hierarchies that influence what is taught, known, available, and *normal* in nursing education. Two authors (JC and AS) conducted data reduction through the ongoing synthesis of key patterns and discussions, leading to themes across each level of curriculum and recommendations. Triangulation through feedback from two other authors (MK and JR) was sought, allowing for enhanced depth of analysis. In addition, participants were invited to review and provide feedback on the findings (RA, AC, LK, JT), offering comments, edits, and new ideas that contributed to the refinement and development of results and this paper.

Locating Ourselves

This study was conducted across the Land currently known as Canada, also referred to by some Indigenous Peoples as Turtle Island. The lead author (JC) is a queer, trans, non-binary, white settler guest beholden to the Lands and Nations of the Anishinaabe, Ininew, Anisininew, Dakota Oyate, Dene, and Red River Métis. Three authors (MK, JR, AS) consulted throughout the research process are white settler guests, of whom two are queer cisgender women, two are experts in nursing education, and one is an expert in women and gender studies. Additional co-authors included are participants (RA, AC, LK, JT), all of whom are cisgender women and settler nurse educators.

The lead author's identity as a gender diverse person likely fostered trust and candour in interviews. This positionality also brought an investment in recognizing cisnormativity that informed analytic interpretations. Participant co-authors brought deep contextual knowledge of nursing education structures and cultures while also occupying insider positions within the very systems this study critiques. These tensions required ongoing reflexive attention throughout analysis. The inclusion of participant co-authors enriched the findings through member involvement and may have shaped what was foregrounded in the data. These positionalities inform and limit our findings.

Results

Participants

At the time of data collection, all nurse educators who attended interviews identified as cis women teaching in baccalaureate nursing programs ($n = 7$). Educators were instructors ($n = 3$), assistant professors ($n = 2$), a professor at a college ($n = 1$), and other, non-specified ($n = 1$). Five Canadian nursing institutions were represented among educators, spanning the Western ($n = 2$), Central ($n = 4$), and Atlantic ($n = 1$) regions of Canada. Other demographic traits reported by participants at the time of collection

included sexuality (heterosexual [$n = 6$] and queer [$n = 1$]), race/ethnicity (white [$n = 4$], East/Southeast Asian [$n = 2$], and Latinx [$n = 1$]), and disability status ([$n = 0$], abstained [$n = 1$]).

Interviews

Educators' interest in this research commonly stemmed from witnessing harm against sexual and gender diverse people in nursing and health care settings (e.g., during the AIDS crisis; among TGD youth) or having TGD people in their family. All educators had heard of the terms *gender inclusive* and *gender affirming*, differentiating the two by describing *gender inclusive* as focusing on inclusive language and *gender affirming* as requiring "proactive" evolution and providing "deliberate, outward, and empathic affirmation that gender diversity is welcome, valued, meaningful, and real" (Educator 7).

Theme 1 – Formal Curriculum: Ad-Hoc Gender Affirming Care Instruction

Teaching of Gender Affirming Care. All nurse educator participants felt an imperative to integrate gender affirming care into their courses. Educators shared that they were integrating gender affirming care content in various courses, such as medical-surgical, pediatrics, empowerment/diversity, research, and reproductive health. They included concepts such as gender affirming health history and physical assessment, surgery and hormones, mental health, family dynamics, Two-Spirit care, intersectionality, and non-transition-related care (i.e., craniotomy). The most frequently mentioned concept within 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, the Sexual Orientation and Gender Identity Nursing (SOGI Nursing) modules (Luctkar-Flude et al., 2021), clinical practice, guest speakers, research and associated projects, reflective journaling, and videos.

Educator Education in Gender Affirming Care. Although all educators were including gender affirming care content, none had received formal education in the subject. The lack of meaningful learning opportunities in their SON meant educators had to seek out educational resources on their own time. A few educators reported voluntarily attending a 1-hour safe/positive space institutional training session or nursing faculty development session more than 5 to 10 years ago, having completed the SOGI Nursing modules, or having attended institutional workshops related to equity, diversity, and inclusion: "We do have positive space training. And that happened within our institution a long time ago.... It was a very short 1-hour workshop [that was] very surface[-level]" (Educator 6).

Nurse educators' tone in discussing the lack of training opportunities was often one of concern and frustration: Educator 7 shared, "Absolutely not. There's no mandatory faculty training in anything.... We just do whatever we want.... Literally, there's nothing."

Gender Affirming Care Curriculum Guidance and Requirements. Educators perceived the greater challenge of integrating and appropriately scaffolding gender affirming care content as stemming from nursing structures (e.g., teaching to entry-to-practice licensure exams and CASN accreditation standards), which lack specificity and inform formal nursing education curricula. Moreover, many educators expressed concerns about this work being driven by individual champions: "I think because we're trying to see how to make sure it lives right to the final year of the program ..., we always feel a little bit like, oh, you know, because the next people that come along might [throw it out the window], right? So, you do things because you can, but you don't know if they have sustainability" (Educator 1).

Reflecting on the formal curriculum gaps, educators were concerned that "students have been graduating without this knowledge" (Educator 2). Educators were fearful that, without gender affirming

care as a foundational, required component of nursing education, TGD patients would suffer the consequences, thereby “widening the health disparity gap within the LGBTQ2S community” (Educator 2), including “safety for TGD youth” (Educator 4) and “risks of cancer for TGD people” (Educator 3). Educator 1 became tearful, saying, “I don’t want to see what happened [during the AIDS crisis] happen to trans folks, as well.”

Theme 2 – Informal Curriculum: Educators Championing Gender Affirming Care Praxis

For the educators, the imperative of integrating gender affirming care content outweighed the discomfort and lack of familiarity with teaching this content.

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.... How am I supposed to guide students through this if I don’t know, myself? ... 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.... It by far got the best feedback from the students that day; they enjoyed it so much!” (Educator 2)

A notable strategy each nurse educator used to navigate this uncertain territory was leaning into discomfort by drawing on humility and honesty. Other strategies that helped navigate teaching this content included “taking deliberate time to position myself ... and create that transparency” (Educator 7), openness to learning from students as “the students educate us more than anything else” (Educator 3), and “partnering with someone from the community to talk to the students” (Educator 5). However, except for one institution, educators were unable to access honoraria for external partners or community members, noting that “it’s a policy that we don’t do speaker honorariums, period” (Educator 7) or that they resorted to “buy[ing] dinner for somebody” (Educator 4).

Most educators 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 their power:

I was told, “Oh, my God! Are you really going to talk about, you know, [transgender] 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*]....” (Educator 1)

Another educator used their positional power by intentionally mentoring TGD students and approaching colleagues to address inappropriate and inaccurate language use. For others, advocacy focused on structural strategies, such as writing letters to their leadership and initiating a committee to map and embed gender affirming care across their program:

I ended up going to our leadership here and [I] said, “Look, I think this is really important. Can we create a working group? And just actually look at our curriculum and see what we’re doing, because we don’t actually know what we’re doing. That’s a huge problem! ... You know, the entire curriculum doesn’t need to be flooded with [sexual orientation and gender identity] content. But, we need to be purposeful, and we need to be intentional with what we’re doing....” (Educator 2)

Theme 3 – Hidden Curriculum: Invisibility of Gender Inclusivity and Affirmation in Schools of Nursing

Gender Inclusive and Affirming Physical Environments. At the hidden curriculum level, educators were concerned about the visibility of gender diversity in the environment. One key component that educators were asked in the interviews was to identify the locations of affirming washrooms on their campus, such as gender inclusive washrooms with signage indicating who is welcome or the available infrastructure (e.g., urinal, stall), as well as single-stall all-gender washrooms (Egale, 2025). Awareness and presence of inclusive washrooms were inconsistent across educators and institutions. Educators 1 and 3 were uncertain of any inclusive washrooms, whereas Educator 2 knew of “private bathrooms around the facility [commonly] used for physical impairments.” Educator 7 confidently stated, “All the washrooms are single stall,” whereas Educator 5 said that while “we do have bathrooms that are non-gendered ..., they’re just not everywhere.”

Educators were also prompted about other gender affirming signage or positive space promotion in their nursing spaces or on campus. At one institution, individual nursing faculty and staff have “rainbow things on our doors” (Educator 7). Educator 5 stated their institution had a pride centre and asked, “Do you count rainbow walkways? [*Laughing*] Because we have a rainbow walkway.” Educator 1’s institution “[did]n’t have any signs of [gender inclusion or affirmation] in the physical environment.” During follow-up interviews, educators reported that they had started seeking out and asking questions about gender inclusive washrooms and other campus resources to support TGD students.

TGD Faculty Representation. Beyond the physical environment supporting gender diversity, educators were asked if their nursing programs had any TGD faculty or staff. While some could comment on sexually diverse faculty or staff in the wider institution, none of the educators knew of any TGD educators in nursing at their school. About half of the educators were aware of TGD nursing students, with Educator 7 expressing, “It’s not like I did a poll, but [about] a third of my students this year revealed to me at one point or another that they were queer [diverse genders and/or sexualities]. So we’re not talking about one, right?” Overall, even educators who did not know of any TGD students were aware of non-specific harms that marginalized students face, in particular because of the lack of representation. Educator 2 stated, “I would say that if I’m speaking to our program specifically, our students don’t see gender diversity, or like anything like that, within our own faculty.” Educator 7 expressed concern with the “serious gaps in representation, and I think that’s really hard on our students. They don’t see themselves in our faculty.... And so they don’t get to see themselves.”

Theme 4 – Recommendations From Nurse Educators: Weaving Gender Inclusive and Affirming Practices Throughout Nursing and Education

As part of follow-up interviews, educators were asked to reimagine how gender inclusive and affirming practices could be improved. Primary recommendations were opportunities for ongoing learning, gender affirming care as a curriculum requirement, evaluation, and a shift in nursing values.

Ongoing Learning. Many educators talked about the need for “opportunities for discussion, offered on an ongoing basis for faculty” (Educator 5) about gender affirming care, even suggesting that a “community of practice” (Educator 1) might be helpful. Nurse educators recognized that engaging in ongoing dialogue would require support from their SON leadership:

If you want everybody to adopt things ..., there has to be protected time specific[ally] for people to do things that you want them to do ..., and people will then know, come, and be liberated to do so ... or giv[e] us some funding.” (Educator 3)

Nurse educators also expressed wanting “some strategies to support [TGD] students ... and support [all] students through [gender affirming care] education as well” (Educator 6).

Gender Affirming Care as a Curriculum Requirement. All educators agreed that gender affirming care is a basic human right and should be a foundational part of entry-level nursing education: “[Gender affirming care] should be very routine and integrated.... Almost 1% of the population in Canada is trans.... We will 100% encounter the need to care for trans people” (Educator 7). For meaningful and sustainable integration of gender affirming care as a foundation of nursing education, nurse educators recognized that action from multiple levels of nursing organizations is required (e.g., accreditation, licensure, professional associations). For instance, Educator 2 highlighted a concern with the lack of curriculum standards:

There’s no minimum standard. We follow the CASN standards, but there is no standard there.... So, ultimately, that’s what I would love to see is that CASN [and] whatever regulatory bodies [that] nursing schools are under will actually give us a requirement.... I think if we can standardize that across the board, that it’s just an expectation that we are doing this.

As such, educators strongly recommended making gender affirming care sustainable and harmonized across Canadian undergraduate nursing education. To ensure it is instilled in nursing education, educators called on curriculum-shaping bodies for undergraduate nursing education to provide a gender affirming care guidelines, noting that “just hav[ing] some standards within our curriculum would be very helpful” (Educator 6) or seeking “some sort of framework [to] use in our curriculum” (Educator 2). Others went further, asking to make gender affirming care an entry-to-practice requirement, such as “fram[ing] it almost as like a nursing competency” (Educator 4).

Evaluation. While most educators were apathetic towards the entry-to-practice licensure exams, all recognized that “institutions try to teach [to] the [pre-licensure exam],” and if gender affirming care were on the exam, “it would definitely receive more attention [in nursing education]” (Educator 5). Beyond assessing gender affirming care in courses and on the entry-to-practice exams, educators recommended evaluating students, through their institutions or the Canadian Nursing Students’ Association, on their perceived competence in practising gender affirming care. Educator 4 asked, “How do we actually evaluate how competent students feel when they graduate based on the education that we’re giving them?” Crucially, some faculty also wanted to understand barometers of success and safety in teaching and supporting TGD students, suggesting using teacher evaluations to get a sense of “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!’ That’s a problem” (Educator 2).

Shift in Nursing Values. Educators recognized that to meaningfully and sustainably integrate gender affirming care as a foundation of nursing education, action from multiple levels of curriculum-shaping bodies is required. Educator 4 asked curriculum-shaping bodies to make “very explicit statement[s] that suppor[t] gender affirming care, and that it is health care, and it is basic health care.” Educator 4 acknowledged that while these statements and actions might be political, “inaction is political.” Educators discussed the need for nursing structures to work collaboratively, creating a shared definition and leveraging each other’s strengths, power, and resources:

There could be ... a joint venture ... from [the Canadian Nurses Association] from a practice lens, then CASN from [the] education lens.... Policy that would mandate that this is a standard practice. That’s advocacy, right? Making sure that every organization agency has policy and procedures that supports gender inclusiveness. (Educator 6)

Nurse educators were also cognizant of the power that these structures hold and grounded discussions in patient safety: “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” (Educator 3).

Discussion

This study expands the current literature on the experiences of nurse educators teaching gender affirming care. Exploring educators’ experiences with gender inclusive and affirming practices in Canadian undergraduate nursing contexts sheds light on how cisnormativity operates to erase TGD students and health care seekers. Initial and follow-up interviews allowed for in-depth exploration of the three levels of curriculum and educator recommendations for moving these practices forward. Participants described an evolving understanding of gender inclusive and affirming practices, yet they consistently described working within constrained systemic contexts across all three levels of curriculum.

At the formal curriculum level, educator participants were facilitating education on gender affirming care using several different modalities. This facilitation occurred despite having barriers to facilitate formal education, such as resources (e.g., textbooks, honoraria), formal education, or curriculum guidance. From a relational perspective (informal curriculum), educators expressed grappling with the uncertainty of gender inclusive and affirming practices by employing humility and advocacy and being attuned to power and norms—skills akin to cultural humility (McGibbon & Lukeman, 2019). Even without confidence in understanding the needs of TGD people, educators were speaking up and using social justice principles to effect change on gender affirming care in the formal curriculum (De Sousa et al., 2024; Foronda et al., 2022). As echoed by students in the sibling study (Crawford et al., 2025), efforts of individual educators are impactful and necessary. However, their work is situated in a constrained context of nursing education such that their efforts are limited in impact and reach in addressing cisnorms and erasure of TGD people (McGibbon, 2023). At the level of the hidden curriculum, gender diversity was varied, often unseen or obscured from view. Educators had varying levels of awareness of the existence of inclusive washrooms, limitations in meaningful visibility of gender diversity from even the tokenistic level of signage or rainbow walkways, and a complete absence of TGD educators in participants’ SONs. Thus, even as all participants were providing education on gender affirming care, TGD role models, environments, resources, and policies that support TGD people within the profession and academy of nursing are minimally considered (Crawford et al., 2025).

These findings highlight some of the ways in which TGD people within nursing are recurrently erased and made invisible in nursing (Kellett & Fitton, 2017; Klepper et al., 2022), which continues othering TGD people (Nye et al., 2023). Without systemic changes that disrupt cisnormativity’s dominance, the curriculum continues to be shaped by cisnorms, and TGD care remains othered and treated as abnormal (Mawdsley & Willis, 2023; Nye et al., 2024), residing on the fringes, taught by those with an interest, and/or relegated to sidebars in textbooks or specific topics (Klepper et al., 2023). Furthermore, TGD people are minimally represented in nursing spaces (Crawford, Brandt, et al., 2024; Crawford et al., 2025; Ziegler et al., 2025). Identifying and calling out cisnormativity and trans erasure in nursing education can provide the insight necessary to begin resisting and disrupting cisnorms and celebrating and uplifting gender diversity (Mawdsley & Willis, 2023; Nye & Dillard-Wright, 2023).

Educator participants in this study had several recommendations for change. They sought more learning opportunities to improve their confidence and competence in being able to facilitate formal education on gender affirming care (Cicero et al., 2024; Luctkar-Flude et al., 2021). To support their efforts, they also requested curriculum guidelines, requirements, and standards to support the integration and

unification of gender affirming care in undergraduate nursing education (Sherman et al., 2022). They felt that multiple forms of evaluation (e.g., course evaluations and licensure exams) were important indicators of successful curriculum integration. They also wanted to understand how TGD students and educators felt they were (or were not) represented, included, and affirmed. 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 curriculum-shaping bodies in nursing education to disrupt norms, such as cisnorms (Kellett & Fitton, 2017; Klepper et al., 2022; Moore et al., 2023). Educators felt that increased statements and action from curriculum-shaping bodies could drive a shift in nursing values.

Limitations and Strengths

There are limits to consider when interpreting our results. As with many qualitative studies, we had a small sample size (Thorne, 2016). Self-selection bias likely influenced who chose to participate, as participants were already interested in TGD care and gender affirming education. In addition, while there were two French-speaking participants, the study was conducted in English, which limits transferability to other linguistic contexts. All participants were cis women; thus, the perspectives that informed this study and results are limited in terms of how these practices are experienced by cis men and TGD educators. Given the evolving contexts in which nursing education is situated, our results may not be easily transferable to other nursing education contexts. Thus, future research with these populations will be needed as nursing and nursing education continue to respond to the evolving social and political contexts of TGD care globally. However, our sample did include a variety of SONs, nurse educator positions, and provinces (no territories) across Canada. The convergence of experiences and barriers described across these varied contexts suggests the findings reflect broader systemic dynamics about gender inclusive and affirming practices in Canadian nursing education, rather than being unique to any one institution or region. In interpretive description, convergent findings across diverse contexts are considered meaningful evidence of broader applicability (Thorne, 2016).

Implications

Myriad barriers beyond individual control limited educators' ability to implement gender inclusive and affirming practices. In this section, we outline key areas of reflection and action that can begin to disrupt the cisnormativity underlying the erasure of gender diversity in undergraduate nursing education. The key areas informed by our results include 1) supporting educator learning; 2) reframing curricular language towards gender inclusivity; 3) increasing TGD representation; and 4) evolving nursing education and entry-to-practice requirements.

Supporting Educator Learning

Almost a decade of (primarily USA-based) research has shown educators lack professional development opportunities (Crawford, Brandt, et al., 2024; Lim et al., 2015; Moore et al., 2023; Nye et al., 2024). To address nurse educators' knowledge gap on gender affirming care requires protected time, funding, and leadership engagement (Lowik et al., 2024; McGibbon, 2023). Resources available to support independent educator knowledge are continually being developed (Cicero et al., 2024; Luctkar-Flude et al., 2021; Wound, Ostomy and Continence Institute, n.d.). Widespread learning opportunities supported by SONs and nursing accreditors could be an effective strategy. 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, with equitable compensation for time and lived experience. Creating spaces for ongoing

critical discussions 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; Ziegler et al., 2023). Meaningful communities of practice involving leadership and educators can help drive disruption through questioning curriculum and institutional practices (De Sousa et al., 2024; Hakkola et al., 2021).

Reframing Curricular Language Towards Gender Inclusivity

For nursing education to effectively embrace gender affirming care, addressing educators' knowledge, awareness, and humility towards these practices (including gender affirming care and associated language) is paramount (Kimmel et al., 2024). However, while resources exist, we recognize the immense task required to add content to an already overflowing curriculum. That said, much of gender inclusive and affirming education does not require additional content but, rather, a reframing to disrupt cishnorms and include the diversity of gender. For instance, shifting from the cishnormative language of *maternal health* and *mothers* to the more inclusive language of *prenatal care* and *birthers* (Jones et al., 2024; Millyard et al., 2021) or shifting from assuming body parts and surgical history towards integrating anatomical or organ inventories as a more holistic and accurate assessment (Courtney et al., 2024; Davison et al., 2026; Grasso et al., 2021). In addition, educators themselves require teaching resources, such as textbooks, that integrate gender inclusive and affirming language to more effectively advance gender affirming care education (Klepper et al., 2023; Ray King et al., 2021; Webb & Zablocki, 2023).

Increasing TGD Representation

While research is just burgeoning regarding TGD nurses and students, early research indicates cishnormativity, trans erasure, and anti-trans violence are real concerns experienced by these populations (Crawford, Schultz, & Chernomas, 2024; Crawford et al., 2025; Ziegler et al., 2025). Addressing the hidden curricula can support both TGD student and TGD educator participation and thriving in nursing education spaces (Crawford, Brandt, et al., 2024; Crawford et al., 2025). This shift may include having more inclusive and affirming processes for nursing school applications and job hiring, alongside environmental (e.g., inclusive washrooms) and policy changes (Cicero, 2023; Kellett & Fitton, 2017; Klepper et al., 2022; Ziegler et al., 2025).

Building meaningful relationships with TGD people and organizations, including inviting them into education spaces and providing appropriate honoraria, can allow for increased TGD representation in SONs without TGD faculty. Airton et al. (2024) offer a proactive approach to supporting TGD students in post-secondary education that could be integrated into nursing programs. Consulting students, including TGD students, about their experiences is another important accountability measure to help operationalize gender inclusive and affirming practices (Crawford et al., 2025). This measure is being taken up in piecemeal approaches across the country and now is part of questions in a national survey entitled *Enhancing Equity: Addressing Nursing Students' Experiences of Discrimination* (AdJust Research Collective, 2026). We also call attention to the 2025 CASN guideline for *Promoting Equitable, Affirming, and Inclusive Environments for 2S LGBTQAI+ Nursing Students* as a tool to support improvements in representation for TGD people.

Evolving Nursing Education and Entry-to-Practice Requirements

To facilitate nationalizing gender affirming care, educators in this study called upon bodies that shape nursing education curriculum to explicitly name and embed gender affirming care into their

requirements and standards (Sherman et al., 2023; Slemon et al., 2024). Akin to educator comments in our study, Moore et al. (2023) argue, “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. 12). Entry-to-practice licensure exams have a large influence on the curriculum, such that integrating gender affirming care within the licensure exam is needed to support sustainability and nationalization (Moore et al., 2023; Nye et al., 2024). In addition, clearly naming and holistically defining gender affirming care as a competency in nursing codes of ethics and scopes of practice is a proven useful strategy (Cicero, 2023; Slemon et al., 2024). Ultimately, an organized and intentional approach, within and across SONs and curriculum-shaping bodies, is necessary to support the longevity and normalization of gender affirming care and expansion into gender inclusive and affirming practices.

Conclusion

The results from this study demonstrate educators’ desire to advance gender affirming care in nursing education; however, educators continue to navigate gender inclusive and affirming practices without adequate systemic support. 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 (Hakkola et al., 2021). Yet, nurse educators cannot be solely responsible for gender affirming care or gender inclusive and affirming practices. Without widespread, sustainable adoption of and action on these practices across nursing curriculum-shaping bodies, they remain individualistic and unsustainable (McGibbon, 2023). There is a need for greater involvement and leadership from curriculum-shaping bodies in nursing education, such as SONs, accreditors, and regulatory bodies, all of which reflect and reproduce cisnormativity (Cicero, 2023; Shortall, 2019). Despite the growing recognition that gender affirming care is a generalist nursing requirement (Moore et al., 2023), the ongoing lack of specificity continues to pose problems for the sustainability and normalization of gender affirming care, including attuning to and inviting in TGD people within nursing and nursing education. 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; they are nurses, students, and colleagues among us (Crawford, Brandt, et al., 2024). Disrupting cisnormativity in nursing education is not only a matter of curriculum reform—it is a matter of justice for TGD patients, nurses, and students whose presence, safety, and dignity depend on it.

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