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Nurses Knowledge and Attitude regarding gender dysphoria patients in Ibn Sina hospital - 2021

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Abstract:

Background: Gender dysphoria refers to the distress accompany the incongruence between one's experienced or expressed gender and the feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics; it is a revision of gender identity disorder. This revision was made in support of tarn's individuals seeking treatment or care options such as counselling, hormone treatments, gender confirmation surgery, and/or a legal name and gender change. The aim of this study was to assess nurse's knowledge and attitude regarding gender dysphoria patients.

Subjects and Methods: Descriptive cross – sectional hospital base study design, was carried out, sample size taken was 100 nurses, the sampling technique was total coverage to all nurses working at Ibn Sina hospital, Inclusion criteria, nurses working at Ibn Sina hospital their age (20 -60) year old Data was collected by structured Self- administered questionnaire, which consist of 3 parts, sociodemographic data, nurses knowledge about gender dysphoria, and their attitude towards gender dysphoria patients, Data analysis done using statistical package for social science version 20, descriptive statistic as well as chi-square test were done for association.

Results: Demographic Characteristics 65% of participants aged 20–29, 17% 30–39, 18% 40–49 consecutively. females were 91% and 9% were male. Educational qualifications; 80% held a Bachelor's degree, 19% held a Master's degree and 1% held a PhD. Years of Experience; 68% had 1–5 years of experience, 8% had 6–10 years, and 24% had 11–15 years. Knowledge regarding gender dysphoria general understanding; 86% recognized gender dysphoria as an asexual behaviour disorder, 93% understood it as persistent distress with one's gender identity, 74% knew it involves identifying with the opposite sex. Treatment knowledge;83% believed gender dysphoria can be treated with therapy, 72% supported the use of hormone therapy, 89% recognized patients might exhibit opposite sex behaviour, 83% believed males may dress/behave like women, 82% believed females may dress/behave like men, 87% stated patients may try to hide secondary sexual characteristics. Nurses' attitudes toward gender dysphoria Patients; 74% strongly agreed that nurses must accept the patient, reduce anxiety, and provide appropriate care. Community participation and family Involvement; 74% strongly agreed that nurses must involve families and develop community participation.

Conclusion and Recommendations: The majority of nurses demonstrated a good level of knowledge regarding gender dysphoria, including its causes, symptoms, and treatment options. Most participants also showed a positive and professional attitude toward patients, emphasizing acceptance, non-judgment, and inclusive care practices. However, a minority of responses indicate a need for further education to ensure consistent and comprehensive understanding among Nurses.

Keywords: *Gender Dysphoria, Nurses Knowledge, Attitude.*

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The Background and introduction

Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/or surgery are not available [{1}]. The prevalence of gender dysphoria is difficult to determine in the general population. Previously, the prevalence in adults was thought to range from

0.005% to 0.014% for people assigned male gender at birth and 0.002% to 0.003% for people assigned female gender at birth. These estimates are based on referrals to surgical gender reassignment clinics, however, and are therefore likely an underestimate. More recent studies suggest that 0.39% to 0.60% of adults identify as transgender, with an increasing prevalence over the past decade. In studies from different jurisdictions using general samples of adolescents, rates were found to be higher among youth than among adults, with 1.2% to 4.1% of adolescents reporting a gender identity different from that assigned at birth. Similar numbers of adolescents were also found to be variant in their gender expression; that is, in the way they communicated about their gender to others — either consciously or unconsciously — through external means such as clothing, personal appearance, or mannerisms [2]. Nurses need to be well-versed in issues surrounding gender identity while providing culturally competent care. Nurses must have a thorough understanding of treatment options for gender dysphoria, including pubertal blockade and cross-sex hormone therapy. Nurses must consider possible implications of treatment delay in order to establish the most appropriate treatment plans [3]. Nursing priorities include helping the client reduce their level of anxiety, promoting a sense of self-worth, encouraging the development of social skills and comfort with their own sexual identity/preference, and providing opportunities for the client/family to participate in group therapy or other support systems. Discharge goals include anxiety being reduced/managed effectively, self-esteem/image enhanced, acceptance and comfort with their established identity, and the client/family participating in ongoing treatment/support programs [4]. Primary care providers who encounter children are often the first line of contact for individuals with gender dysphoria, which occurs when the sex assigned at birth is incongruent with one's true, expressed sexual identity. Because those with untreated gender dysphoria are at risk of a variety of negative outcomes, including mood symptomatology, suicidality, substance use disorders, and other psychosocial risk factors, it is critical that healthcare providers are adept in the provision of holistic, patient-centred care [5]. The first priority of healthcare providers should be to facilitate adequate support for non-binary children to explore their gender identity. When initiating treatment, it is crucial for nurses to engage caregivers and organize appropriate mental health alliances. Nurses need to establish a trustworthy, respectful, and safe relationship with both the child and their caregiver. The most effective way to foster this relationship is to refer to the child as they prefer to be addressed, thereby creating a therapeutic environment necessary for effective communication. In addition, children experiencing gender incongruence are more likely to feel safe when their healthcare providers model accepting and affirming behaviours. Creating welcoming environment encourages youth to return to primary care for preventative health measures. There is currently a lack of awareness of the needs of transgender youth, limiting access to optimal care on a global scale. Staff within the education system need to be trained to value gender incongruence [6].

Justification of the problems: The research was conducted to examine the extent of nurses' knowledge and attitude regarding gender dysphoria patients. The complexity and lack of information about gender dysphoria disorders among nurses are significant concerns.

Research Questions: Do nurses in Ibn Sina Hospital have knowledge related to gender dysphoria, and what are their attitudes towards these patients?

Subjects and Methods

Study design: A descriptive cross-sectional hospital-based study design was carried out to assess the nursing staff's knowledge and attitude regarding gender dysphoria patients at Ibn Sina Hospital in Khartoum, Sudan.

Sample size: 100 nurses in Ibn Sina Hospital.

Sampling technique: Total coverage of all nurses at Ibn Sina Hospital.

Inclusion and exclusion criteria: All nurses working at Ibn Sina Hospital, aged 20-60 years, excluding nurses who were on training or worked as on-call nurses or were on holiday.

Method of data collection: The data was collected by a self-administered structured questionnaire consisting of 3 parts: First, demographic data (age, gender, social status, residence); second, nurses' staff knowledge about gender dysphoria; and third, nurses' staff attitude towards gender dysphoria.

Data analysis: Data will be organized, revised, and checked for completeness and accuracy during data entry, analyzed using descriptive statistics (frequency and percentage), as well as the chi-square test for association, with the aid of the Statistical Package for Social Science (SPSS) version 20, and presented in tables and figures.

Ethical consideration: Approval was obtained from the University of Khartoum Faculty of Nursing Sciences. Approval was also obtained from the Ministry of Health and the matron's office at Ibn Sina Hospital. Verbal consent was obtained from the nursing staff, and the research purpose and objectives were explained to participants in clear, simple language. Participants had the right to voluntary informed consent and the right to withdraw at any time if they wanted, with privacy and confidentiality maintained.

Results

Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender.

Table 1 shows the distribution of nurses according to their profiles.

Variable		Frequencies	%
Gender	Female	91	91.0
	Male	9	9.0
Age			
20-29		65	65.0
30-39		17	17.0
40-49		18	18.0
Marital status			
Married		34	34.0
Single		63	63.0
Divorced		3	3.0
Place			
Khartoum		60	60.0
Out of Khartoum		40	40.0
Level of education			
Baccalaureus		80	80.0
Master		19	19.0
PHD		1	1.0
Years of experience			
1-5		68	68.0
5-10		8	8.0
10-15		24	24.0

Table 1 Distribution of participants according to their profile

The most of respondents 65 (65.0%) their age from 20-29 and 17(17.0%) their age from 30-39, about 91 (91.0%) is female and 9(9.0%) is male, 63 (63.0%) is single and 34(34.0%) is marred and 3(3.0%) is divorce. 60(60 .0%) of respondents from Khartoum state and 40(40.0%) from out of Khartoum, a about 80(80.0%) baccalaureate level of education and 19(19.0%) had done master and 1(1.0%)had done PhD. Years of experience of respondents from 1-5 years 68 (68.0%) 5-10 years 8(8.0%) and 10-15 years 24(24.0%).

Table 2 Distribution of nursing according to their knowledge

Knowledge	Yes	No
Gender dysphoria is asexual behaviour disorder	86	14
Patient with gender dysphoria feel that his gender Identity is the same as that of the opposite sex.	74	26
Patient with gender dysphoria feel that his gender identity is the same as that of the opposite sex.	74	26
Gender dysphoria disorder is an individual persisted feeling of distress with ones gender identity and comfort with the identity of another gender	93	7
the causes of gender identity disorder is an increase of androgen hormone inside the mother womb during fetal development	58	42
One of the reasons for the male s refusal of his gender is his upbringing among females in the family.	52	48
one of the symptoms of the GD pt. is rejection of his body parts	87	13
That one of the symptoms of GID is the pt. Feeling of distress and lack of acceptance of his gender.	94	6

one of the symptoms of the GD is desire to become the opposite sex	89	11
That pt with GD feels with lonely and isolated.	76	24
The pt with GD isolated from the society.	63	37
The pt with GD feels with depression.	86	14
The pt with GD resort to suicide when his condition worsens	73	27
It possible to treat GID through the therapeutic session.	83	17
GID pt can be treating with the right hormone.	72	28
One of the surgical treatment methods for GD is sex conversation operation.	62	38
apt with GID exhibit the opposite sex	89	11
Male with GD dress and behave like women.	83	17
Female with GD. dress and behave like amen	82	18

Table 2 results shows that 86 (86.0%) of the respondents said yes the gender dysphoria is sexual and behavior disorder and 14(14.0%) of them said No is not. 74(74.0%) of the respondents said yes the Pt with GD feel that his gender identity is the same as the opposite gender. And 26(26.0%) of them said No is not. 93(93.0%)of the respondents said yes the GID Pt feeling with distress with one's gender and comfort with the identity of another gender, and 7(7.0%) of them said No isn't.58(58.0%) of the respondents said yes the ones of the cause of GD is increase androgen hormonal level in said the mother womb during fetal development, and about42 (42.0 %) of them said isn't .52(52 .0%) of the respondents said yes one of the reasons for the male refusal of his gender is his upbringing among females in the family, and %48 of them said No isn't. 87(87.0%) of the respondents said yes the ones of the symptom of GD is rejection of his body part, and 13(13.0%) of them said No is not. 94(94.0%) of the respondents of them said No is not. 89(89.0%) of the respondents said yes ones of the symptom of GD Pt is desire to become the opposite sex, and 11(11.0%) of them said no is not. 76(76.0%) of the respondents said yes the Pt with GD feel with lonely and isolated. And 24(24.0%) of them said No is not. 63(63.0%) of the respondents said yes the Pt with GD isolated from the Society but37 (37.0%) of them said No is not. 86(86.0%) of the respondents said yes the GID

Pt feeling with depression mood but 14(14.0%) of them said No is not. coextensive in the study of gender dysphoria – statistics/mental-health/gender- dysphoria/gender dysphoria– statistics/Medically by Megan hull that said50% of gender dysphoria Pt has co-occurrence diagnosis with depression or anxiety. 73(73.0%) of the respondents said yes the GD Pt tray to suicide when his condition worth and 27% of them said No they not. Coextensive in gender dysphoria –statistics/mental-health/gender-dysphoria/gender dysphoria– statistics/Medically by Megan hull 32-50 % of people with gender dysphoria attempts suicidal. 72(72.0%) of the respondents said yes the Pt of GD can treat with the right hormone and 28(28.0%) of them said No is not. Coextensive American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition in the prevalence range from 0.005-0.014% for natal male and from 0.002-0.003%fornatal female seeking hormonal treatment. 89(89.0%) of the respondents said yes the Pt with GD exhibit the opposite sex, the 11(11.0%) of them said no they not. 83(83.0%) of the respondents said yes a male with GD dress and behave like women, 17(17.0%) of them said No they not.82(82.0%) of the respondents said yes a female with GD dress and behaves like amen but 18(18.0%)of them said no they not. coextensive in study of Management of gender dysphoria in adolescents in primary care by joseph H bonifacio 1. 2 to 4.1% of adolescent reporting a gender identity different from that assigned at birth.6,8,20 – 23% Similar numbers of adolescents were also found to be variant in their gender expression .87(87.0%) of the respondents said yes the Pt with GD feel with distress when the secondary sexual sign appear and try to hide them, and 13(13.0%).

Table 3 Distribution of participants according to their attitude

Issue	Strong Agree NO%	Agree NO%	disagree NO%		Indifference	Total
Distribution of participants according to their attitude.						
The competent nurse must accept the pt, reduce his anxiety and provide appropriate care	74	26	0	0	0	100
the competent nurse must not judging the pt. and accept him	47	37	11	2	3	100
the competent nurse must increase the pt. self-steam	68	22	3	4	3	100
The competent nurse must develop community participation Skill and include family in therapeutic sessions?	74	23	1	1	1	100

Table 3 shows the distribution of nursing according to their 74(74.0%) of the respondents strong agree that the nurse must accept the patients reduce his anxiety and provide appropriate car and 26(26.0%) agree. 68(68.0%) of the respondents strong agree that the competent nurse must increase the Pt self-steam and 22(22.0%) of them agree, 3(3.0%) disagree, 4(4.0%) of them strong disagree and 3(3.0%) indifference. 47(47.0%) of the respondents strong agree that the nurse must not judging the patients and accept him, and 37(37.0%) agree, and 11(11.0%) disagree and 2(2.0%) strong disagree 3(3.0%) indifference.74(74.0%0) of the participant strong agree that the competent nurse must develop community participation skill and include family in therapeutic session, 23(23.0%) agree, 1(1.0%) disagree and 1(1.0%) strong disagree and 1(1.0%) indifference.

Discussion

Gender dysphoria refers to the psychological distress experienced due to a mismatch between an individual's assigned gender at birth and their experienced or expressed gender [7]. In the current study, most participants were young adults, predominantly female, with a high level of education and work experience primarily in the early stages of their careers. A majority were based in Khartoum and had attained at least a baccalaureate degree.

A large portion of the respondents recognized gender dysphoria as a behavioral and sexual disorder, reflecting traditional perspectives still prevalent among healthcare providers. Most participants acknowledged that individuals with GD experience significant distress, often identifying more closely with the opposite gender. Respondents also agreed that common symptoms include rejection of one's physical characteristics, a strong desire to live as the opposite sex, and feelings of loneliness, isolation, and depression. These findings align with recent research highlighting the mental health challenges faced by transgender individuals. According to the American Psychiatric Association and recent data reported by [8] a substantial percentage of individuals with gender dysphoria are diagnosed with co-occurring mental health conditions such as depression and anxiety. Furthermore, studies show that suicide attempts among individuals with GD range

between one-third to half of the affected population, reinforcing the urgency for informed and empathetic care [9].

The role of hormonal influences during fetal development, especially exposure to androgen levels in utero, was also considered by many respondents as a contributing factor to gender dysphoria. Social factors, such as gendered upbringing, were identified by some participants as potential influences on gender identity development, though this view remains debated in the wider scientific community [10].

Regarding treatment, most respondents supported the use of hormone therapy to alleviate gender dysphoria symptoms. This is consistent with the recommendations from the American Psychiatric Association and guidelines on gender-affirming care [11] Respondents also widely recognized that individuals with GD may dress and behave in ways aligned with their identified gender, further confirming their understanding of gender expression diversity.

A noteworthy portion of the respondents showed strong support for the role of nurses in delivering nonjudgmental, affirming care. Many agreed that competent nursing involves not only managing the patient's anxiety and supporting self-esteem but also promoting family and community involvement in care. These attitudes reflect a growing recognition of the need for holistic, inclusive, and patient-centered approaches.

Recent studies, such as those by {12], show an increasing number of adolescents reporting gender identities different from their assigned sex, highlighting the need for early intervention and supportive care environments. These studies also point to the importance of involving families in therapeutic efforts to improve outcomes.

Finding of this study also reveals a prevailing consensus among respondents that competent nursing care must embody empathy, acceptance, psychological support, and family/community collaboration. This closely aligns with contemporary standards in nursing care for individuals experiencing gender dysphoria or gender incongruence: Participants strongly believe that nurses should reduce patient anxiety and provide appropriate care an expectation well matched by gender-affirming nursing practices. A majority affirm the role of nurses in enhancing patient self-esteem, especially as individuals work through gender-related distress. There is a shared view that nurses must offer nonjudgmental acceptance and respect, ensuring safe, trusting clinical settings. Respondents emphasize involving the community and family, which is critical for supportive coping and resilience during gender affirmation journeys, these findings are similar to [13].

In caring for individuals with gender dysphoria, nurses engage in gender-affirming communication using preferred names and pronouns, ensuring confidentiality, and respecting identity to diminish distress and foster trust Ethical nursing mandates supporting autonomy, emotional resilience, and safe care that avoids misgendering or harm [14]. This study finding indicated that gender affirming care intrinsically supports self-esteem by validating identity and fostering authenticity, which combats stigma and minority stress. As [12], highlighted in their findings that training nurses to use respectful terminology and inclusive communication also positively impacts self-worth

Community family inclusion was a significant finding of this study as stated that gender affirming care emphasizes biopsychosocial support including peer groups and community networks to buffer minority stress and improve mental health. Nurses often facilitate shared decision-making with families, especially in youth care, through consultation models that provide education and emotional support [19]

Implication for Nursing Practice

This study has highlighted gaps in nurses' knowledge and understanding of gender dysphoria, indicating a need for curriculum enhancements in nursing education. Incorporating cultural humility and sensitivity training can improve patient-nurse relationships and health outcomes. Healthcare institutions may need to develop or update policies that support gender-diverse patients, ensuring inclusive language, non-discrimination practices, and gender-affirming care. Nurses are in a key position to advocate for the rights and dignity of individuals with gender dysphoria. Knowledgeable nurses can help patients navigate the healthcare system, providing referrals to appropriate psychological and medical support services. Since individuals with gender dysphoria may experience higher rates of anxiety, depression, and suicide,

informed nurses are better equipped to recognize warning signs foster trusting relationships, respected, safe, and validated during care and offer appropriate mental health interventions or referrals.

Study Limitation

The study may face a few limitations and difficulties, however, strategies to overcome such limitations was addressed. The cross-sectional design precludes any causal interpretation of association findings, and it cannot capture long-term effects that emphasis a longitudinal study in the future. Response bias because of self-reporting questionnaires was reduced by ensuring anonymity and confidentiality. Non-responsiveness due to participant workload was reduced by strategies of engagement to be developed in the pilot phase, such as sending regular reminders to the participants. Constraints of time taken, including delays in ethical and administrative approvals, was addressed with an elaborated timeline and by communicating proactively. Single hospital limitations may affect the generalizability. However, the findings informed future multisite studies. These measures collectively allow the study to remain robust yet provide insights in refining future research.

The Recommendation

The researcher recommended increasing nurses' knowledge of the gender dysphoria and the nurses' attitude regarding to gender dysphoria patent. The researcher recommended that the nurse must accept the gender dysphoria patent and increase patent self-steam. The researcher recommended that the nurse must provide proper care and share the family in therapeutic session.

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