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Transcultural self-efficacy of nursing education leaders and faculty related to non-binary sexual identities

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Transcultural Self-Efficacy of Nursing Education Leaders and Faculty Related to Non-Binary Sexual Identities

By

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DEDICATION

This dissertation is dedicated to my husband, Bill Hoyer, who is a true leader and visionary. He has provided physical, emotional, and caring assistance without wavering or question. There are few people with his propensity for perseverance and success, and he has been my lifelong example of integrity and strength.

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ABSTRACT

Higher nursing education has demonstrated effective modalities in leadership, practice, and health policy (Antrobus & Kitson, 1999). However, advancement in understanding populations of non-binary sexual identities need further recognition in nursing academic education, within both faculty and administration realms.

This study is about transcultural efficacy (TSE), an essential component of nursing education and leadership, as it relates to aspects of non-binary sexual identities. Non-binary sexual identities include groups and individuals identified publicly or personally outside the binary (male/female), majority group of heterosexuals. This group may include but is not limited by the titles of gay, lesbian, bisexual, transgendered, queer, genderqueer, asexual, and cross-dresser.

The primary purpose of this study is to explore transcultural self-efficacy in nursing education leaders and faculty and to gain meaningful understanding of study participants' individual and professional confidence related to non-binary sexual identity issues.

The study was a quantitative, non-experimental, correlational design in which the researcher determined if there was a relationship between nursing faculty and administrator Transcultural Self-Efficacy Tool (TSET), (Jeffreys, 2000) scores. The researcher surveyed 535 nursing leaders and faculty employed at Commission on Collegiate Nursing Education (CCNE) nursing programs in Michigan, Indiana, Ohio, Illinois and Wisconsin. Data were gathered using an online survey format throughout a three week period during April 2013. The survey included 11 demographic questions and 83 TSET items. The TSET questions were divided into three subcategories which contained cognitive, practical, and affective related questions.

Findings indicate that nursing education administrators are more transculturally confident than nursing education faculty in their personal attitudes, values, and beliefs (affective). Those age 50 and older are more confident in knowledge concerning the ways cultural factors may influence nursing care (cognitive), compared to younger age groups. Three areas contribute to an increase in confidence in cognitive, practical and affective areas. These include receiving continuing education credits in transcultural nursing, specific education related to LGBT/various sexual identities in formal education, and confidence discussing LGBT issues with the management team. There is a positive relationship between TSET results and confidence with providing nursing education related to LGBT issues. Educational opportunities increase cognitive and practical scores.

Future researcher may include study findings in areas including leadership development, learning modules, curricular development, qualitative research, identification of self-efficacy barriers, and exploration of discrepancies associated LGBT/sexual identity issues.

TABLE OF CONTENTS

LIST OF TABLES

Table **Page**

CHAPTER ONE–INTRODUCTION

Progress and deterrents toward understanding populations of non-binary sexual identities have been documented (Kelley & Robertson, 2008; Anderson, Patterson, Temple, & Inglehart, 2009; Shapiro, Miller, & White, 2006; Addis, Davies, Greene, Macbride-Stewart, & Shepherd, 2009; Almeida, Johnson, Corliss, Cornelius, & Carrick, 2008; Molnar, & Azrael, 2009; Rondahl, 2009; Agans, 2001; McDermott, Roen, & Scourfield, 2008). Non-binary sexual identities include groups and individuals identified publicly or personally outside the binary (male/female), majority group of heterosexual. This group may include but is not limited by the titles of gay, lesbian, bisexual, transgendered, queer, genderqueer, asexual, and cross-dresser. Sexual identity refers to how one thinks of oneself in terms of being significantly attracted to members of the same or the other sex. This attraction is based on one's internal experience, as opposed to one's biological gender identity.

From a community perspective, non-binary sexual identities refer to people who have significant sexual and romantic attractions to members of the same sex or who identify as a member of a sexual minority (*Sexual identity and gender identity glossary.* 02-11-2005).

Advancements in understanding populations of non-binary sexual identities include recognition of public and private rights in areas of medicine, education, and politics. Although higher education is a major source of research and literature, scholarship and leadership related to sexual identity issues lack structure, theoretical depth, and academic exposure (Renn, 2010).

As an area in higher education, nursing education has demonstrated effective modalities in leadership, practice, and health policy (Antrobus & Kitson, 1999). This study

was about transcultural efficacy, an essential component of nursing education and leadership, as it related to aspects of non-binary sexual identities. Transcultural efficacy refers to an individual's perceived confidence for performing or learning transcultural skills (Jeffreys & Dogan, 2010). A review of literature indicated that aspects of transcultural self-efficacy may be a contributing factor toward expanding leadership within diverse settings and with diverse populations such as non-binary sexual identities (Curtis , Sheerin, & Vries, 2011; de Leon, 2008; Luna & Miller, 2008; Shapiro et al., 2006).

The direction and definition of *diverse communities* continually changes, but definitions within the field of nursing education and leadership often exclude non-binary sexual identities from consideration within the scope of diversity. The Merriam-Webster dictionary (Webster, 2011) defines culture as the customary beliefs, social forms, and material traits of a racial, religious, or social group, and the characteristic features of everyday existence (as diversions or a way of life) shared by people in a place or time. However, in nursing literature, the word *culture* is typically consistent with an essentialist view, which usually only includes race, ethnicity, national origin, or religion. This view has contributed to narrowing the understanding of what counts as culture (Thomas, 2006). Efforts have been made to expand traditional definitions of culture while still operating within the essentialist framework. A broader view of culture has been proposed by the National League for Nursing (NLN), which has shifted to *diversity* as one of its stated core principles. The NLN had publically structured their definition of diversity on affirming the uniqueness of differences among persons, ideas, values, and ethnicities (National League for Nursing, 2012). Unfortunately, the traditionally held concept has been dominant in nursing education (Thomas, 2006).

This study was conducted to connect the concept of transcultural self-efficacy with an understanding of traditional ideology and environmental evolvement of nursing education administrators and faculty in higher education. Data were focused on measuring transcultural self-efficacy among nursing education administrators and faculty. This quantitative study incorporated Jeffreys' Transcultural Self-Efficacy Tool (TSET) in an overall explanatory method design (Jeffreys & Dogan, 2010). The study was structured to explore present transcultural self-efficacy and to obtain insight related to non-binary sexual identities within groups of nursing education administrators and faculty, not to determine a cause and effect relationship.

Development of the Study

The development of this study was stimulated and inspired by the work of two scholars; Dr. Gerd Röndahl, nursing professor at Linköpings University in Sweden, and Dr. Marianne Jeffreys, whose work has been instrumental in respect to *user-friendly* interventions and tools for transcultural self-efficacy development. Dr. Röndahl is the author and main investigator of articles and research related to a variety of nursing topics within the lesbian, gay, bisexual, and transgendered (LGBT) community. She has had the courage and fortitude to publish multiple articles about this particular population and has impacted an area of study that is seldom explored within nursing education and leadership. Her study of *Students' Inadequate Knowledge about Lesbian, Gay, Bisexual, and Transgender Persons* (2009) was a fundamental resource for the thoughts that generated this study.

Dr. Marianne Jeffreys (2000) has considered multiple aspects and populations within nursing, as well as evidence-based work reflecting conceptual thinking related to transcultural self-efficacy. Personal dialogue with Dr. Jefferys assured the primary

investigator that the TSET (see Appendix A) is appropriate for nursing education leaders and faculty (e-mail conversation September 3, 2012).

Statement of the Problem

There is a need for comprehensive and reliable research that examines transcultural self-efficacy of nursing education administrators and faculty related to non-binary sexual identities. Nursing education, practice, and administration does not reflect the cultural diversity of populations whom they ultimately serve (Campinha-Bacote, 2008), and thus, unintended bias and furthering of *heteronormativity* may be facilitated. In addition, limited reliable tools are available to measure transcultural self-efficacy in relation to non-binary sexual identities. Nursing education leadership has a collective professional responsibility to further document validity and reliability for existing tools such as the Transcultural Self-Efficacy Tool (TSET) that was used in this study (Jeffreys & Dogan, 2010). Although transcultural self-efficacy has been well-conceptualized from a broad perspective, few educational institutions or research studies provide formalized training especially in the area of non-binary sexual identities.

Nursing students have reported that faculty and administrators were too passive regarding lesbian, gay, bisexual, and transgendered (LGBT) issues and that students felt excluded. These reports indicated limited collaborative practices, lack of sensitive leadership, and personal bias (Rondahl, Innala, & Carlsson, 2007), and may reflect a lack of confidence related to this content area. Heteronormativity remains dominant in both nursing and medical education programs (Rondahl, 2010). Furthermore, research studies that have attempted to evaluate cultural competency, a broader perspective of transcultural self-efficacy in undergraduate nursing programs have not shown optimistic results

(Campinha-Bacote, 2008). Evidence specified that a deficit exists in general nursing faculty knowledge related to complete, culturally sensitive education (Mixer, 2008), and thus, transcultural self-efficacy and how it relates to holistic education and care. Student outcomes were both directly and indirectly related to administrator and faculty influence regarding these concepts (Campinha-Bacote, 2008).

Purpose of the Study

The purpose of this study was to explore transcultural self-efficacy in nursing education administrators and faculty and to gain meaningful understanding of study participants' individual and professional perceptions related to non-binary sexual identity issues.

Rationale for the Study

The community of individuals with non-binary sexual identities has been subject to discrimination, bias, violence, cultural abuse, and isolation. Globally, this reality has influenced the development, societal, and cultural context of the issue (Kahn, 2006; McAuliffe, Bauer, & Nay, 2007; McDermott et al, 2008; Mills et al., 2004; Mustanski, Garofalo, & Emerson, 2010; Sandfort, de Graaf, & Bijl, 2003; Sell, Wells, & Wypij, 1995; Wamala, Bostrom, & Nyqvist, 2007). The result of subjection to discrimination and other abuses is the marginalization of individuals of non-binary sexual identities regarding lack of health and social care services and, at times, virtual abandonment in public health research (Addis et al., 2009).

Transgender and other less common sexual identities have experienced a similar history, but with extremes and limited popular support or cohesive academic interest (Galper, 2009; Pardo, 2011). According to the 2011 National Transgender Discrimination Survey

(Grant, Mottet, & Tanis, 2011), 6,450 transgender and non-conforming gender participants reported on a variety of issues across their lifespan. The health care component of the survey reported repeated discrimination when accessing health care, such as complete rejection of services, disrespect, harassment, and violence. Many barriers exist for those attempting to receive appropriate care, whether seeking preventive medicine, routine and emergency care, or transgender-related services. These experiences, united with prevalent provider unawareness, dissuade this population from seeking and receiving quality health care. Respondents described grave obstacles to accessing health care, including rejection of care due to their transgender or gender non-conforming status. Preservation was linked to secrecy, as participants reported the likelihood of experiencing discrimination once health care providers were notified of their transgender status. More than a quarter of the respondents misused drugs or alcohol explicitly to cope with exploitation encountered due to their gender identity or expression. Of the 6,450 survey participants, 41% reported attempting suicide compared to 1.6% of the general population.

There is limited professional literature and research related to attitudes and perceptions of nursing education administrators and faculty toward non-binary sexual identities. One explanation may be that those in the heterosexual majority do not question their sexual identity and, thus, do not understand the cultural complexities of same-sex attraction (Moon, O'Briant, & Friedland, 2002). During the period of 1988-1998, gay and lesbian patient concerns were largely undetectable when five well-established nursing critical care journals were explored (Albarran & Salmon, 2000). The implications suggested that this absence limits holistic-centered care and negatively impacts the nurse-patient professional relationship.

Although nursing education and health care issues of LGBT individuals are often complex, these identities are primarily referenced and acknowledged as anomalies. Thus, few nursing theorists or educational research topics focus on the needs or specific interests of those with non-binary sexual identities (Eliason, Dibble, & Dejoseph, 2010). The nursing profession has been charged with a lack of an adequate knowledge base, personal and professional comfort levels, and cultural competency skills related to non-binary sexual identity issues (Eliason et al., 2010).

In addition, reliable tools are limited that measure nursing education administrators' and faculty self-efficacy related to understanding non-binary sexual orientation. Jeffreys' (2010) *Transcultural Self-Efficacy Tool* (TSET) used in this study provided important data to address deficiencies. This information was needed to assist in providing excellent nursing leadership among educators in higher education.

According to the U.S. Department of Health and Human Resources Health Resources and Services Administration (HRSA), minority and vulnerable populations now include gay/lesbian, transgender, and transsexual. The American Nurses Association (ANA) recently added LGBT individuals as a population of interest and is currently promoting the Gay & Lesbian Medical Association's (GLMA) *Guidelines for Care of Lesbian, Gay, Bisexual, and Transgendered Patients.* Overall however, nursing education administrators and faculty are lagging, as national nursing organizations are slow to publicly acknowledge and support non-binary sexual identities. Nursing practitioners still exhibit distancing behavior, cling to heterosexual assumptions, and fail to communicate effectively, often based on insecurity or unawareness (Rondahl, 2009). Literature indicated that one of the strongest predictors of

homophobia in the nursing profession is the belief that homosexuality is an individual choice (Blackwell, 2007).

Conceptual Map

The conceptual map begins with subsets of nursing education administrators and faculty from Commission on Collegiate Nursing Education (CCNE) accredited nursing academic institutions in Michigan, Wisconsin, Ohio, Illinois, and Indiana. These subsets were sent the Transcultural Self-Efficacy Test (TSET) via online transmission. Quantitative data was collected and statistical analysis conducted. Analysis of data included differences, similarities, and correlation of demographic factors and between subsets. Future implications and recommendations for professional practice flowed from statistical analysis of collected data (See Figure 1).

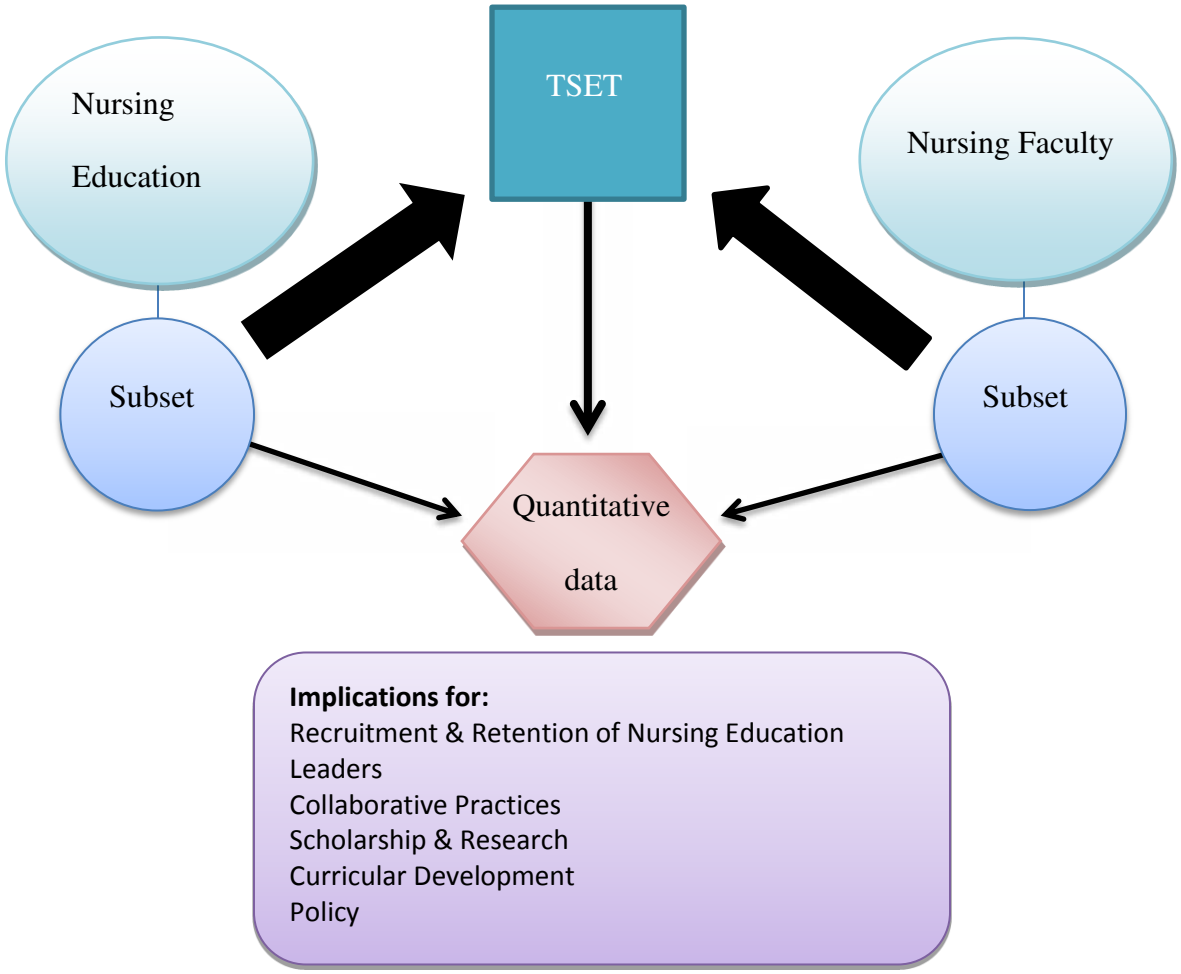

Figure 1. Conceptual Map for data collection of transcultural self-efficacy in nursing education administrators and faculty related to non-binary sexual identities.

The ANA Council on Cultural Diversity in Nursing Practice and the American Association of Colleges of Nursing (AACN) have emphasized and promoted both executive-level nursing leadership and the importance of cultural competency (Clark, Calvillo, Dela Cruz, Fongwa, Kools, Lowe, & Mastel-Smith, 2011). The need to conceptualize, implement, and proliferate cultural competency and, thus, transcultural self-efficacy was found in a variety of contemporary literature and research articles (Abrums, 2001; Campinha-Bacote, 2008; Clark et al., 2011; Jeffreys, 2006; Jeffreys & Dogan, 2010; Jeffreys, 2010; Kardong-Edgren, 2007; Leininger, 1991; Leininger, 1997; Mixer, 2008). These literature findings may indicate that without a sense of cultural competence and transcultural self-efficacy, those in power could force their own cultural sense of *rightness* on others. Understanding this issue embodies the idea of process or journey rather than a destination. It involves an ongoing expansion of understanding non-binary cultures, including differences within cultures (Huber, 2000). The principles of transcultural self-efficacy were integrated into this study to explore the stated problem.

Transcultural self-efficacy has been considered an interventional approach to nursing principles, theories, and research findings (Jeffreys & Dogan, 2010; Maier-Lorentz, 2008). This is especially meaningful, as nursing education leadership is challenged to expand transcultural concepts within the curriculum from simple awareness to developing frameworks for integration (Clarke, Watson, & Brewer, 2009). Dr. Madeleine Leininger's (1991) anthropological and nursing contributions to the development of a transcultural competence accentuated flexibility and infusion of this concept within health institutions, including nursing education systems (Andrews & Boyle, 2008; Leininger, 1991). Much literature in this area excludes non-binary sexual identities as a component of cultural

diversity (Albarran & Salmon, 2000; Rondahl, Innala, & Carlsson, 2006; Rondahl, 2010). However, mechanisms of transcultural concepts may be used to study non-binary groups across populations and continuums. This allows for identification of characteristics that describe groups outside the privileged majority, generally accepted cultural constructs, or normative influences. Populations with non-binary sexual identities are included within this construct yet are not always considered as part of the dominant social fabric and, thus, experience social and health-related consequences (Adamczyk & Pitt, 2009; Becker, 1996; Cornelius & Carrick, 2008; Dworkin, 2003; Facione & Facione, 2007; Fish, 2010; Fredriksen-Goldsen, Kim, Barkan, Balsam, & Mincer, 2010; Grant et al., 2011; Hicks & Lee, 2006; Keyes, 2010; Moon et al., 2002; Sears, 1991; Wagner, Serafini, Rabkin, Remien, & Williams, 1994; Weber, 2010b).

Although no studies exclusively address transcultural self-efficacy related to non-binary sexual identities in nursing education administrators and faculty, literature has explored the lack of exposure and knowledge of this concept. Common attitudes held by both nursing and medical educational professionals include the invalidated assumption that people are heterosexual. Platzer (1997) and Röndahl et al., (2006) proclaimed that extensive information and understanding concerning diverse ways of life is essential to prevent health professionals from asking inappropriate questions related to public norms, sexual expression, and illness, and to assist health professionals to develop equitable conclusions. Standard patient rights in most academic and organizational structures state the value of respect, human dignity, and a high standard of professional care. However, nursing faculty, students, and clinical professionals are frequently indecisive about their initial obligation and

politically correctness and their instinctive discomfort with an unfamiliar way of life (Röndahl, 2006).

Recent literature outside of nursing education has revealed findings related to non-binary sexual identities within the scope of leadership. Ensign, Yiamouyiannis, White, and Ridpath (2011) reported that athletic trainers hold a more positive attitude about lesbian women than about gay men in sports, and that those in athletic leadership hold more positive attitudes toward lesbian, gay or bisexual (LGB) student-athletes if they have LGB friends or family members. In this cross-sectional study, e-mail surveys generated responses of 964 athletic trainers at various institutions. The survey indicated that 14% of participant responses were not open to all student-athletes in the athletic training environment. In another study, social work leadership assigned an extremely low priority to competency related to lesbian, gay, and bisexual older adults. This descriptive study reported findings from a mail-in survey of nursing home social service directors (N = 1,071), who were asked if they had received at least one hour of training in six different areas of cultural competency in the past five years. The lowest percentage reported training in homophobia; directors with the most experience were less likely to report having received training. Findings indicated an immediate improvement and distribution of heterosexism and homophobia training of social service staff, policy changes within the institution, and policy advocacy priorities for social workers (Bell, Bern-Klug, Kramer, & Saunders, 2010).

Considerations of leaders in political environments were diverse but less supportive of the rights of those with non-binary sexual identities than the general public. Findings suggested that, as a group, state legislators are not likely to promote change, as they lagged behind the public in support of LGBT rights and were strongly influenced by their party,

gender, religion, and size of the gay and lesbian community. Conclusions implied that the best route for changing policy is to recruit and campaign for leaders supportive of LGBT rights (Herrick, 2010).

Those identified as nursing education administrators and faculty have the potential ability, intellect, and power to influence existing curricula and faculty bias. Progressive nursing education leadership continues to influence the overall community by extending and leading social change through enhancing transcultural self-efficacy (Filer, 1998; Trossman, 1998), encouraging collaborative efforts with community organizations (Nowell & Harrison, 2011; Pacquiao, 2008), and promoting scholarship and research in the area of equality and inclusion for all. Current nurse educators are in a position to use both their clinical expertise and leadership skills to positively influence the organizational system of nursing education. The underrepresentation of minority nurses, including those of non-binary sexual identity, and its outcome on the nursing profession's capacity to meet health care needs was a principal issue.

Research Questions

The purpose of this study was to explore transcultural self-efficacy in nursing education administrators and faculty, of study participant's individual and professional perceptions around non-binary sexual identity issues. The following questions/statements were considered:

Q 1. What are the differences in TSET scores between nursing education leaders (administrator positions) and nursing faculty?

Q 2. What is the relationship between demographic factors and TSET responses?

Q 3. For nursing education faculty: Is there a relationship between TSET results and confidence with providing nursing education related to non-binary sexual identity/LBGT content?

Q 4. For nursing education administration: Is there a relationship between TSET results and confidence discussing non-binary sexual identity/LGBT issues with the administrative team?

Operational Definitions

- Non-binary sexual identities: Groups and individuals identified publicly or personally outside the binary (male/female), majority group of heterosexuals. May include but is not limited by the titles of gay, lesbian, bisexual, transgendered, queer, genderqueer, asexual, and cross-dresser.
- Sexual identity: How one thinks of oneself in terms of being significantly attracted to members of the same or the other sex (*Sexual identity and gender identity glossary.* 02-11-2005).
- LGBT: Lesbian, Gay, Bisexual, Transgender
- Transcultural self-efficacy: The perceived confidence for performing and learning general transcultural nursing skills among culturally different clients (Jeffreys' 2010).

Summary

There was an identified need for more information and research related to nursing education leadership with respect to both transcultural self-efficacy and non-binary sexual identities. Health care is in continuous change, and the need for inclusive caring for all people has become an essential component of nursing leadership, education, and thus,

humane health care. The utilization of transcultural self-efficacy and its expansion to non-binary sexual identity is one step toward this inclusive caring vision.

CHAPTER TWO–LITERATURE REVIEW

An overview of selected literature is presented in this chapter to examine concepts specifically related to nursing educational administrators and faculty. The primary concepts focused on transcultural self-efficacy related to non-binary sexual identities and the connection with the population of study. Throughout the literature review, the researcher was challenged by attempts to locate substantial research data with respect to non-binary sexual identities and nursing leadership as well as sexual identity within the concept of transcultural competency. Concepts in this chapter related nursing education administrators and faculty, cultural competency, transcultural self-efficacy, and non-binary sexual identities. Potential for future impact will be discussed in Chapter 5.

Nursing Education Leaders

With increasing frequency, nursing educational administrators and faculty are recognizing the importance of transculturally-based academic and organizational practices (Adamson, King, Moody, & Waugh, 2009; American Association of Colleges of Nursing, 2008; Andrews, 2008; de Leon, 2008; Frusti, Niesen, & Campion, 2003; Hill, 2002). The promotion of competence, transcultural self-efficacy, and diversity in nursing education is intricately linked to leadership (Adamson et al., 2009; Curtis et al., 2011; de Leon, 2008; Hill, 2002; Kalayjian, 2010; Leininger, 2000; Mockett, Horsfall, & O'Callaghan, 2006; Murphy, 2006). Leadership in the work setting must focus on developing cultural awareness, competency, and maintaining an environment conducive to fostering the leadership potential of all staff (Sandstroma, Borglin, Nilsson, & Willman, 2011). It is a responsibility of leadership in any field to empower and maximize the prospects of all. Current nurse leaders in education are in a position to use both their clinical expertise and leadership skills to

positively influence the organizational system (Coombs, 2006; McCloughen, 2009; Melnyk & Davidson, 2009; Mockett et al., 2006; Nowell & Harrison, 2011).

Issues of Under-Representation

The underrepresentation of minority nurses and the resulting impact on the nursing profession's capacity to meet health care needs are principle issues (Gardner, 2005; Robinson, 2005; Smolkin, 2011). In 2005, approximately 12 % of the registered nurses in the United States were from racial or ethnic minority backgrounds (Robinson, 2005). These figures are in sharp contrast to the diversity of the U.S. population, which was approximately 32 % in 1995 (U.S. Department of Commerce Economics and Statistics Administration, Bureau of the Census, 1996). Statistics on populations of non-binary sexual identities are less recognized. A systematic overview study of gay and lesbian populations gathered from a comprehensive variety of standard data sources prior to 2000 allowed for statistics regarding this population. These data have been challenged regarding methods of collection and measurement, selection bias, and misclassification errors. However, findings suggested that gay men make up 2.5% of the general population, and lesbian women 1.5% (Black, Gates, Sanders, & Taylor, 2000). There are no reliable statistical data on the number of RNs who identify with non-binary sexual identities.

There is a serious shortage of minority nurse educators (Robinson, 2005). The 2002 National Advisory Council on Nurse Education and Practice indicated that less than 9% of all full-time nursing faculty members were from minority groups. It is urgent that the healthcare community develop strategies to attract, encourage, educate, and retain minority nurses into faculty positions (Robinson, 1999). There is a need for the identification of creative mechanisms for sharing knowledge and expertise among all nurses, but especially for those

from diverse populations such as non-binary sexual identities (Frusti et al., 2003; Rondahl, 2010; Walpin, 1997; Weber, 2008).

Nursing education leadership is one means of setting standards and operationalizing conceptual thinking in relation to diverse populations and the evolvement of the human entity (Bellack et al., 2001; Booth, 1994; Borbasi & Jackson, 2005; Calpin-Davies, 2003; de Leon, 2008). Practically speaking, a major concern for leadership is the relatively small number of minority nurses available to the populations who probably need them most. Nursing education leaders and faculty must be aware and dedicated to attend to the gap in the availability of minority nurses to serve in leadership roles and as advocates for minority patients (Mason et al., 2001).

In the future, nursing services are likely to grow and hopefully increase the number of minority nurses and the cultural experiences that are offered to nursing practice and leadership (Cordelia, Chinwe, & Nnedu, 2009; Mason et al., 2001; Villegas, 2002) . This is not to imply that provision of nursing leadership to minority groups should be the sole responsibility of minority nurses. All nurses will need to become more aware that everyone is part of the service to humanity (Mason et al., 2001). However, it is essential for nursing education institutions to commit to the objective of promoting diversity within their leadership to project a broader range of perspectives, insights, and approaches to better serve the diverse population of faculty and students (Antrobus & Kitson, 1999; Burnes-Bolton, 2004; Fassinger, Shullman, & Stevenson, 2010; Sandstroma et al., 2011).

One of the many approaches to developing diverse leaders is the development of minority nursing leadership institutes. Research suggested that attaining organizational goals for diversity requires vision, leadership, and resources from the top leadership of the

university (Adamson et al., 2009; Bensimon, 2004; Melnyk & Davidson, 2009). Other issues are the recruitment, retention, and advancement of minority nurses, especially those with non-binary sexual identities, into educational leadership**.** Nursing education administrators are in an excellent position to guide and influence service to meet the unique needs of minority nurses and those with non-binary sexual identities. Although more social support and acceptance currently exists for racial minority groups, those of non-binary sexual identities are beginning to see changes in the societal structure of acceptance into normative life (Burnes-Bolton, 2004; Pacquiao, 2008). Recently, the New York City Health and Hospitals Corporation became the first public healthcare system in the nation to mandate LGBT cultural competency training for staff members (City of New York (in press), 2011). All 38,000 employees will now be required to participate in a training program called *Reexamining LGBT Healthcare*. The program was established to address recent reports that indicated statistically significant inequalities in healthcare for LGBT people and to take action on recommendations made by the Institute of Medicine and the U.S. Department of Health and Human Services (Dewey, 2011). In addition, The Gay & Lesbian Medical Association (GLMA) has established a voice in leadership through newly adopted *Guidelines for Care of LGBT Patients* (Gay & Lesbian Medical Association, 2012). These guidelines have recently been endorsed by the ANA as well.

Leadership assumes the responsibility to advocate for minority healthcare improvement and address critical health problems within underserved communities (Curtis et al., 2011; Dreachslin, 1999; Frusti et al., 2003; Kawamoto, 1994). Health policies that specifically address outcomes that ameliorate health disparities of the underrepresented must be instituted at the national, state, and local levels. Steps to activate and facilitate change in

our society and our healthcare system can start with education of nursing leaders (Adamson et al., 2009; Antrobus & Kitson, 1999; Borbasi & Jackson, 2005; Purnell & Paulanka, 2008). More research and data are needed to further document the unique contributions to health care delivery by practitioners with non-binary sexual identities and health outcomes to people in this population. There is also need for wider dissemination and publication of such data. Little is documented regarding the extent to which work environments provide support and encouragement for career progression that would allow those with non-binary sexual identities to contribute their expertise at a variety of levels in the organization.

Exploration of transcultural self-efficacy is one way to assist with the identification of perceived confidence held by nursing education leadership in respect to transcultural perspectives. This study explored transcultural self-efficacy principles among nursing education administrators and faculty including a specific focus toward aspects of non-binary sexual identities.

Cultural Competency

Definitions of cultural diversity tend to focus on variation and differences in the customs and practices of particular social groups (Developing Cultural Competence in Health Care Settings, 2002; Campinha-Bacote, 2008; Clark et al., 2011; Kardong-Edgren, 2007; Mixer, 2008; Pacquiao, 2008). References include individual uniqueness and societal clusters that hold entrenched beliefs and values, which effect feelings and behaviors including those of non-binary sexual identities (Abrums, 2001; Huber, 2000; Purnell, 2007). Cultural competence is tied to quality of care and the appropriateness, acceptability, accessibility, and utilization of services (Kalayjian, 2010). It also relates to diversity in the nursing workforce. A culturally competent nurse has the ability to honor and respect the

beliefs, attitudes, lifestyles, mores, traditions, customs, and behaviors of others and is able to develop interventions and services that affirm and reflect the values of different individuals and groups. In addition, cultural competency implies the comprehension of interconnectedness; the idea that all humans are linked together and have a dynamic relationship with the larger environment. The reference to *us and them* is, in itself, biased, condescending, and structured in a hierarchical assembly developed by the privileged in society.

There is heterogeneity within all minority groups with respect to characteristics that affect health practices and attitudes. The nursing profession is perceived to have battled validation of cultural aspects because the profession is prodigiously homogenous, consisting of 90 % white women (Morrow, 1988). An initial step for nursing leadership is to convince nursing faculty of the importance of endorsing cultural components, such as transcultural self-efficacy and to emphasize holistic health among isolated and marginalized groups. The need for leadership and visualization to promote cultural education is necessary from an academic, sociologic, and ethical perspective (Campinha-Bacote, 2008; Clark et al., 2011; Jeffreys, 2010; Mixer, 2008). Materials relative to teaching cultural awareness are available, but it has been estimated that less than 25 % of nursing programs offer substantive content on culturally competent care, and little evidence is recorded related to training in nursing education leadership (Clark et al., 2011; Omeri, 2008).

No comprehensive standards of cultural linguistic competence in health care service have been developed by a national body. However, the Office of Minority Health of the U.S. Department of Health and Human Services released draft standards for culturally and linguistically appropriate services (CLAS) in 2007. CLAS represented a substantial move

toward the first set of national cultural and linguistic standards in health care delivery. These standards, if adopted, will support a more uniform and comprehensive approach to cultural competency standards and practice. Learning about the values, beliefs, and customs surrounding the health status of minority populations is essential, but integrating this knowledge into actual health care services delivery may be difficult. This challenge has been successfully addressed in initiatives led by minority nurses, which can serve as models of a unique approach to the delivery of culturally competent care (Lee, 2007; Mixer, 2008; Omeri, 2008; Pacquiao, 2008). Further research is needed to document the benefits and effects of cultural education, including transcultural self-efficacy, in the provision of health care services. In addition, essential leadership components need to be investigated and explored in relation to diverse cultural setting and marginalization of particular peoples. This area holds the potential for research opportunities for all nurses but may be of particular interest for minority nurses including those of non-binary sexual identities.

Transcultural Self-Efficacy

The scope of practice of transcultural nursing is broad and yet specific. The professional roles of transcultural nurses include expert clinicians, leaders, and educators of students, staff, interdisciplinary consultants, colleagues, researchers, and entrepreneurs (Leininger, 2000). For purposes of this study the emphasis was to examine the aspect of transcultural self-efficacy of faculty and administrators within nursing education with a specific focus on non-binary sexual identities.

Transcultural self-efficacy is a component of both self-efficacy and cultural competency. Jeffreys' (2010) definition of transcultural self-efficacy in this study succinctly stated that transcultural self-efficacy is "the perceived confidence for performing and

learning general transcultural nursing skills among culturally different clients" (p. 46). Nursing as a science and art presently uses the concept of self-efficacy and transcultural competency extensively in education, leadership, and professional development (Chang, Wang, Li, & Liu, 2011; Dennis, Heaman, & Mossman, 2011; Li, Chen, Hsu, Lin, & Chrisman, 2011; Logsdon, Foltz, Scheetz, & Myers, 2010; Loprinzi & Cardinal, 2011; Sharp & Salyer, 2011; Wu, Lee, Liang, Lu, Wang, & Tung, (2011).

Transcultural self-efficacy requires both formal and informal educational processes that are designed to ensure initial and continuing competency across the academic spectrum from student to college dean (Jeffreys, 2006). Regardless of their primary roles and responsibilities, all nurses are educators. From a nursing education perspective, the primary emphasis of transcultural self-efficacy is placed on design, implementation, and evaluation of learning activities. This design includes building capability to enable learners to meet the cultural care needs of diverse patients, families, support systems, communities, and populations. Student and community education materials need to capture and reflect this awareness (Kalayjian, 2010). Nursing educators and administrators within academic settings serve in a variety of formal roles that enable the development of transcultural self-efficacy and movement toward a successful agenda for a progressively global expansion.

Nursing education leadership's scope of practice includes participation in curriculum design, course and program development, and evaluation of program outcomes in pursuit of continuous quality improvement in the academic nurse educator role. Leadership extends to inter-professional functioning as a change agent through participation in health care associations and facilitating evidence-based sustained practice, policy, and legislative

changes. The change agent role underscores the capacity to foster a foundation that broadens the definition of the term *culture* to include non-binary sexual identities.

Over the next decade, nurse retirements and an aging U.S. population will create the need for hundreds of thousands of new nurses. According to AACN published information, *2011-2012 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, in the United States, nursing schools turned away 75,587 qualified applicants from baccalaureate and graduate nursing programs in 2011 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Almost two-thirds of the nursing schools responding to the survey pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level baccalaureate programs. To complicate this issue, based on a myriad of complex issues, the present health professions workforce does not reflect the diversity of the population it serves (Kalayjian, 2010).

A greater need for transcultural awareness is needed as changing roles and identities become global concepts, (Leininger, 1997). The perception of transcultural self-efficacy as a threat among inefficacious individuals may result in avoidance of cultural considerations in planning and implementing admissions to academic nursing programs, leadership positions, and healthcare. With the escalating numbers of culturally diverse clients and students, it becomes even more imperative that individuals within the system become aware of the importance of self-efficacy and perceptions regarding transcultural issues.

The phenomenon of transcultural self-efficacy is multidimensional and involves various cognitive, practical, and affective aspects (American Academy of Nursing, 1992; Leininger, 1991; Pedersen & Pope, 2010). Additionally, student evaluation of needs and

educational outcomes in the cognitive, psychomotor, and affective domains has been a significant problem for nurse educators. The affective domain requires the most attention from faculty and leadership because affective outcomes exemplify students' professional values, motives, and attitudes (Jeffreys, 1999).

Lim, Downie, & Nathan, (2004) revealed that senior level nursing students who were exposed to increased theoretical information and clinical experience had a more positive perception of their self-efficacy in providing transcultural nursing skills than did first-year students. A sample of 196 nursing students were invited to participate in a survey incorporating Jeffery's TSET, which also found that age, gender, country of birth, languages spoken at home, and previous work experience did not influence the nursing students' perception of self-efficacy in performing transcultural care. Educational preparation and relevant clinical experience was important for giving nursing students the opportunity to develop self-efficacy in performing effective and efficient transcultural nursing in today's multicultural health care system. Thus, nursing education administrators and faculty need to focus on providing relevant theoretical information and sufficient clinical exposure to support student learning in undergraduate programs.

Non-binary Sexual Identities

For the purposes of this study, the term *non-binary sexual identity* refers to any sexual identity other than the privileged heterosexual majority (Leck, 2000). Sexual identities may include lesbian, gay, bisexual, transgender, and queer/questioning, known by the acronym LGBTQQ, as well as asexual, pansexual, intersexual, and many other self- or clinically-identified identities; although some literature sources referred to this term exclusively within the transgendered literature (Cashore, 2009; Greenberg, 2002; Powell,

1999). In this study, *non-binary sexual identities* referred to the process of sexual development from childhood throughout the span of life; as a changing and evolving process that remains dynamic and responds to social cues (Lovaas & Jenkins, 2007). In addition, gender binary is the classification of sex and gender into two distinct and disconnected forms of masculine and feminine. Gender binary ideology creates a social boundary that utilizes discouragement and discrimination to those crossing or mixing gender roles. It refers to the system in which a society splits people into male and female gender roles, gender identities, and attributes (Greenberg, 2002; Powell, 1999; Van Deven, 2011).

During the literature review, multiple sources were investigated to identify non-binary sexual identities as an inclusive group within scholarly works related to transcultural and cultural competency. Although individuals and groups of those with non-binary sexual identities clearly fit within both the broad and specific definition of cultural minorities and diversity, they were minimally addressed or completely absent from core content and exemplars. Unfortunately, this observation also can be said of nursing literature. Race is often considered foremost in discussions of culture without conscious awareness that sexual orientation/identity is also a cultural component. Issues both of cultural imposition and cultural blindness lead to the potential of ignoring or imposing one's own values, beliefs, and practices on another due to underlying beliefs of superiority (Jeffreys, 2010; Kalayjian, 2010). Gay men and lesbian women are the subjects of research more often than the larger population of non-binary sexual identities. The literature review of this study explored multiple aspects related to a broad range of sexual identities.

Homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders II (DSM-II, 1968) in 1973, and Gender Identity Disorder of Children (GIDC)

added in 1980 (Zucker & Spitzer, 2005). There is a present DSM-III & IV classification for gender identity disorders in adolescents and adults (Zucker & Spitzer, 2005). However, the soon to be published DSM-5 has proposed some changes to this classification. According to 2012 Proposed Revision Statements, the American Psychological Association (APA), Gender Identity Disorder (GID) has been proposed to be renamed as "Gender Dysphoria" with two different groupings; one for children and one for adults and adolescents. The grouping will be moved out of the ”Sexual Disorders” category partially based on stigmatization of the term "disorder" and the need for a clarification of the broadly used term *gender*.

The current edition of the International Statistical Classification of Disease and Related Health Problems (ICD-10) has five different diagnoses for GID. These guidelines use language emphasizing a disorder characterized by distress related to assigned sex, together with a desire to be or insistence that one is of the other sex with a profound disturbance of the normal gender identity (Cameron, 2003; Johnson & Wassersug, 2012; World Health Organization, 2006). This diagnosis underscores the importance of differentiation between *gender* as a social construct and *sex* as a biological one.

These discrepancies have contributed toward marginalization of individuals of non-binary sexual identities in the provision of health and social care services and virtual abandonment in public health research (Addis et al., 2009). The intimidation of the Acquired Immune Deficiency Syndrome (AIDS) pandemic in the early 1980s saw the evolvement of a frightening, cynical judgment from both public and health care professionals toward gay men. Certain congregates were viewed as possessing an elevated threat to society, and these groups were thought to be susceptible to the disease. Homosexuals and intravenous drug

users, in particular, were subjected to yet another era of concentrated prejudice and intolerance (Stewart, 1999).

More recently, gay and lesbian communities have welcomed a status of recognition and acceptance within certain societal and academic areas but remain largely invisible to the global cultural milieu in terms of normative language, identity, and social awareness that is based on a primary and privileged heterosexual assumption (Cameron, 2003). Transgender and other non-conforming sexual identities have experienced a similar history but with extremes and limited popular support and cohesive academic interest (Galper, 2009; Pardo, 2011). As mentioned earlier, the 2011 results of the National Transgender Discrimination Survey provided the first comprehensive picture of discrimination against transgender and gender non-conforming people in the U.S. and provided critical data points for policymakers, community activists, and legal advocates to confront the appalling realities documented. In relation to health care, this survey reported repeated discrimination when accessing health care, from disrespect to complete rejection of services. Along with prevalent provider unawareness about the health needs of transgender and gender non-conforming people, seeking and receiving quality health care for this population is formidable (Grant et al., 2011).

In some situations, rights for those with non-binary sexual identities have retreated; for example, the November 2010 United Nations General Assembly Third Committee on Social, Cultural, and Humanitarian Issues voted to remove sexual minorities from a special resolution addressing extrajudicial, arbitrary, and summary executions (Canning, 2011). Other areas have moved this population forward, as indicated by the 2010 U.S. House and Senate vote to overturn the military ban on openly gay troops (Vanden Brook, October 20,

2010). According to a December 2010 news release from the U.S. Department of Health and Human Services, the public health and prevention initiative, *Healthy People 2020*, includes gay and lesbian health as a new topic area for development in order to improve the health, safety, and well-being of LGBT individuals (U.S. Department of Human Services, 2011). In addition, the Healthy People 2010 Companion Document for LGBT Health is the product of a national collaborative effort that involved nearly 200 individuals, organizations, and agencies. LGBT populations have been among those for whom little or no national-level health data exists (Sell, 1997; Solarz, 1999). Although numerous studies have been conducted regarding certain health conditions, notably for HIV in gay men and breast cancer in lesbian women (Zaritsky, & Dibble, 2010; Arena, Carver, Antoni, Weiss, Ironson, & Durán, 2006; Brandenburg, Matthews, Johnson & Hughes, 2007; Gold, Skinner, & Hinchy, 1999), in most other areas, data are seriously lacking and, as noted previously for transgender individuals, very few studies have been attempted. Nursing education administrators and faculty need to recognize this and their own cultural values, expectations, attitudes, and behaviors that can create a barrier to transcultural self-efficacy (Huber, 2000). For example, the majority heterosexism is assumed as *normal* and not questioned unless it is threatened. Strong goal commitment to transcultural ideology throughout the entire suprasystem is vital to providing quality education and health care equally to all individuals. Although attempts for improvement have been made, individuals and communities of those with non-binary sexual identities still have overwhelming cultural and bias issues, which disproportionately impede equality and, thus, quality of daily life involving adequate health care (Buchmueller & Carpenter, 2010).

The nursing profession continues to lack leadership, an adequate knowledge base, personal and professional comfort levels, and minimal cultural competency skills needed to provide excellent care to this population (Eliason et al., 2010). A review of ten leading nursing journals revealed eight of 5000 articles addressed gay and lesbian issues and were inclined to be written by authors outside of the United States (Eliason et al., 2010). In addition, while exact percentages are unknown, it is assumed that nurses identifying within non-binary sexual identities constitute one of the largest subgroups in the profession of nursing. Although changing slowly, there is very little empirical research in the nursing literature and essentially no clearly public responsiveness to issues of discrimination and marginalization within the nursing profession, especially within the United States (Dibble, 2011). Nurses of non-binary sexual identities have expressed a need for professional and academic organizations to educate the nursing profession and the general population about issues that need to be addressed such as advocacy, leadership, and health care policy needs (Dibble, 2011).

Standard patient rights in most academic and organizational structures state the value of respect, human dignity, and a high standard of professional care. Nursing professionals habitually suppose that patients can be cared for with a neutral approach and that their personal attitudes do not affect their nursing/client interaction (Eliason & Raheim, 2000). How gay and lesbian persons experience medical care, however, suggests the opposite (Albarran & Salmon, 2000; Platzer, 2000; Röndahl, Innala, & Carlsson, 2006). These current issues provide impetus for nursing education administrators and faculty to correct the current climate for communities, faculty, students, and patients.

Although often struggling for federal support and overall population acceptance U.S. Department of Health Resources and Services Administration (HRSA) has acknowledged LGBT issues over time. As early as 2001, *culture* was broadly understood to include cultural subcategories including gender and/or sexual orientation (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2001) and presently the HRSA has expanded its visibility and outreach providing recommended actions to improve the health and well-being within LGBT communities (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2012*)*. These efforts include equal employment opportunities, non-discrimination policy, hospital visitation, Institute of Medicine study on LGBT health, Healthy People 2020 initiatives, national HIV/AIDS strategy, the Affordable Care Act, tobacco control, aging services, anti-bullying efforts, improvements in foster and adoptive care, and runaway and homeless youth services.

Unfortunately, national nursing organizations are slow to follow. The American Academy of Nursing Expert Panel Report's consideration of health disparities in vulnerable populations made no reference to individuals and populations of non-binary sexual identities, even though data are clear on the present equalities to this group (Purnell, 2007). Although often unacknowledged, The American Nurses Association Council on Cultural Diversity in Nursing Practice (1991) and the American Association of Colleges of Nursing (AACN) have emphasized and promoted both executive-level nursing leadership and the importance of cultural competence (Clark, 2011). In addition, the AACN mentioned sexual orientation twice: in professional values of social justice and to the operational definition of diversity in the 2008 *Essentials of Baccalaureate Education for Professional Nursing Practice.*

Conclusion

The literature review revealed an identified and compelling need to further identify, explore, and examine overall transcultural self-efficacy and, specifically, confidence related to non-binary sexual identities among nursing education administrators and faculty. The future impact has the potential for influencing scholarship and research, collaborative practices, and mentoring of potential leaders for transcultural self-efficacy and also for individuals and populations of non-binary sexual identities.

CHAPTER THREE–METHODS

The purpose of this study was to explore transcultural self-efficacy in nursing education administrators and faculty, and to gain a meaningful understanding of study participants' individual and professional experience and perceptions related to non-binary sexual identity issues. A quantitative design was used to address the study purpose and research questions. Quantitative survey data was gathered by administering both the demographic component and the Transcultural Self-Efficacy Tool (TSET). All data was collected via the electronic database, Survey Monkey® by the principal investigator (PI). The survey respondents were nursing education administrators and faculty in various nursing academic settings and positions.

Research Traditions

This quantitative research design was based on the scientific model, wherein data collection procedures were clearly identified prior to data collection. A descriptive, quantitative structure was appropriate to describe percentages, averages, and specific demographic information of faculty and others in leadership positions (Polit, 2010). The quantitative component was used to express what exists in terms of frequency of incidence rather than relating a connection (Polit, 2010; Polit & Hungler, 1999).

The TSET is a highly structured questionnaire, which was formatted and not modified from its original design. This design was utilized in part because data was collected from various nursing administrators and faculty levels as they naturally occur and permitted comparisons of them in terms of transcultural self-efficacy scores. There was no control over an independent variable, no experimental manipulation, and no random assignment to groups. Demographic data included, age, personal description/sexual identity, primary role,

completion of continuing education (CE) in transcultural nursing or cultural competency, specific LGBT education in formal education and/or place of employment. Data were also gathered concerning level of confidence for providing essential nursing education related to LGBT issues and confidence discussing LGBT issues with the management team, and LGBT issues related to organizational decisions. The inclusion of this demographic data was valuable for a variety of reasons. This data can be used to relate and compare transcultural self-efficacy perception between samples, permitting the expansion of scientific knowledge as well as examine in-group differences to help validate the causal suppositions and interactions (Jeffreys, 2010).

Population Sample and Sites

Nursing education faculty and administrators from Commission on Collegiate Nursing Education (CCNE) accredited nursing academic institutions located in Michigan, Ohio, Indiana, Illinois, and Wisconsin were invited to participate in this research study. E-mail addresses were obtained from public web sites hosted by the various CCNE nursing academic institutions. Emphasis was placed on seeking participants from diverse environments and educational levels, including deans; associate/assistant deans;, department heads; and tenured, tenured track, associate, visiting, affiliate, and adjunct faculty. Affiliate and adjunct faculty were included because a high percentage of faculty members function in aspects of leadership and teaching within the nursing academic structure but may be invisible in the formal organization structure. A flattened structure of leadership responsibilities is a contemporary functioning modality (Ford, 2005), which allows a variety of credentialed faculty to participate in an array of leadership and teaching activities and roles.

Data Collection

Survey research is essential and crucial for both education and health-related research (Cottrell & McKenzie, 2011; Polit, 2010). Sampling errors are minimized and the accuracy related to survey data is enhanced when each requested participant has an equal opportunity to participate in the survey and questions are clearly stated to enable interest and motivation (Polit, 2010). The distribution of the TSET was submitted to a variety of areas and populations to allow for this.

This research study survey was intended for extensive rather than intensive analysis (Polit & Hungler, 1999) and was conducted via electronic format to a variety of different academic nursing organizations. The web-based electronic survey included eight demographic questions and the 83-item TSET (See Appendix A). The TSET has a number of advantages, including reduced response time, conservation of physical material resources, and internet support for collection, built-in confidentiality structure, and statistical analysis through the home provider. Participants were expected to have internet access, either privately owned or through the university, which decreased limitations due to access issues. Although built-in confidentiality was a component of the online programming, there was still a slight risk related to lack of guaranteed anonymity and confidentiality due to hackers and program administrators who could have obtained access to the information. The TSET survey was administered from 4/5/2013 to 4/26/2013 in an attempt to maintain consistency of conditions and participant action. Data collection was completed in a consistent and regimented manner.

Participants completed the research questionnaire questions online through Survey Monkey® and e-mail reminders were sent after a two-week period of time to encourage

participants who had not responded. Participants' choice of physical environments for completion of the survey was different, and could have potentially contaminated individual results if others had an external influence. However, based on the study population, it was assumed that participants were familiar with basic research data collection and understood and respected the parameters of the study. In addition, it was helpful that subjects were not in a formal setting where they may have associated answering questions with intent to impress. At the beginning of the survey, all instructions were constructed in a clear and consistent manner. No time control was assigned to the questionnaire administration. Subjects were able to change their answers, but were only able to complete the questionnaire one time.

Steps for Data Collection

After Human Subjects Research approval by Eastern Michigan University and Grand Valley State University (Appendix B), the dissemination of the survey included a cover e-mail, a link directly to the informed consent (Appendix A), demographic information, TSET, and an appreciation response. Non-respondents, which were identified via Survey Monkey®, received a reminder after ten days; the survey was available for three weeks.

Data Collection, Validity, and Reliability of Quantitative Data

Instruments. Quantitative data was gathered by use of the online demographic and 83-item survey instrument, Transcultural Self-Efficacy Tool (TSET), developed by Dr. Marianne Jeffreys (2010). The TSET items were not amended in order to preserve existing validity and reliability.

The Transcultural Self-Efficacy Tool (TSET) components and features. The TSET was designed to measure and evaluate confidence related to transcultural self-efficacy for

performing general transcultural nursing skills among diverse populations (Jeffreys, 2010). The 83-item TSET was a questionnaire using self-rated, scale-weighted questions from 1–not confident to 10–totally confident (See Appendix C). The TSET was structured on the nursing and anthropological work of Leininger (1989) and emphasized a broad generalist approach. The subscales; affective, cognitive, and practical, were grounded in Bandura's (1989) development of self-efficacy and included to increase accurate measurement and evaluation (Jeffreys, 2010). After use and evaluation, the TSET was re-evaluated and updated by Dr. Jeffreys to approach transcultural self-efficacy from a greater specialist viewpoint and to broaden the populations upon which it could be measured. This included advanced nursing students, professional nurses, and other health professionals such as leaders and administrators (Jeffreys, 2010).

Psychometrics: Validity. A valid instrument increases the chances that researchers are measuring what they want to measure, thus ruling out other possible explanations for their findings (Cottrell & McKenzie, 2011)**.** Validity addressed whether the TSET measures transcultural self-efficacy and if it was accurately represented by the TSET questions.

Content validity. Content validity was concerned with whether the TSET was representative of the desired content area and was best assessed by content experts (Polit, 2010). Appraisal of the association between the TSET question items and the content field from which the items were selected made up the instrument's content validity (Cottrell & McKenzie, 2011). The purposes of this study were slightly different than the purposes of the initial creation of the TSET. The original intent was to investigate transcultural self-efficacy among nursing students; however, it has been used with subjects other than nursing students. Discussion with the author assured validity when the TSET was used with nursing

educational administrators and faculty. In addition, six doctoral-level nurses, who are certified in transcultural nursing, have established content validity (Jeffreys, 1999).

Construct validity. Assessment of construct validity for the TSET considered the degree to which responses to one particular question correlated with another question's responses in a manner that was theoretically expected (Cottrell & McKenzie, 2011). The TSET demonstrated performance consistent with the underlying conceptual expectations.

Contrasted group approach. Two studies were conducted using contrasted groups to determine construct validity (Jeffreys, 1998; Jeffreys, 2000). The TSET identified dissimilarities and consistent findings from both the longitudinal and cross-sectional studies, which reinforced conclusions that the TSET detected differences in transcultural self-efficacy perceptions within groups and between groups on all subscales. Also, other studies, master's theses, and doctoral dissertations have used the TSET with contrasting groups and demonstrated construct validity (Lim, 2004; Jeffreys & Dogan, 2010; Ferguson, 2008) .

The researcher chose a highly structured quantitative design to reduce any potential or unintended, subtle, or unconscious personal bias. To prevent nonresponse bias, subjects were encouraged to participate in the TSET through an e-mail notice and reminders on the basis of response rates.

Factor analysis. Factor analysis that aids individual items in the TSET to cluster around one or more conceptual dimensions made sense conceptually. Factor analysis also related to cohesiveness between the tool items and the underlying conceptual framework (Jeffreys, 1998). The major purpose of factor analysis for this study was to reduce a large set of variables into a smaller, more manageable set (Polit, 2010). All items on the TSET were evaluated via an inter-item correlation matrix and revealed correlations between 0.30 and

0.70, thus confirming that all items on the TSET contributed uniquely and sufficiently to the transcultural self-efficacy construct (Jeffreys, 1998; Jeffreys, 2000).

The three significant areas of the TSET were the cognitive, affective, and practical subscales. These components were identified as distinct domains, which the TSET was designed to measure. The origins of these three domains were structured on the original theory of self-efficacy (Bandura, 1989). In order to determine if these subscales were correlated, subscale scores were computed. Intercorrelations between subscales were statistically significant and ranged from 0.53 (cognitive and affective) to 0.62 (cognitive and practical), and 0.68 (practical and affective). A Crohnbach's alpha = 0.97 demonstrated high internal consistency for the cognitive learning domain based on the Common Exploratory Factor Analysis (CEFA), the practical domain Crohnbach's alpha = 0.98 and the affective domain demonstrated a Crohnbach's alpha = 0.94 (Jeffreys & Dogan, 2010).

A CEFA was conducted on the TSET by Jeffreys & Dogan (2010). The CEFA testing generated four factors: Knowledge and Understanding; Interview; Awareness, Acceptance, and Appreciation; and Recognition, with internal consistency ranging from 0.94 to 0.98 (Jeffreys & Dogan, 2010). This finding indicated that within the three subcategories, several underlying theoretical dimensions contributed to the construct of transcultural self-efficacy (Jeffreys, 2010). In addition, the internal consistency range was 0.94 to 0.98, emphasizing the coherence of the underlying conceptual structure. Reliability was 0.99 (Jeffreys & Dogan, 2010).

Criterion-related validity. The relationship between scores on the TSET and external criteria has been investigated; the degree to which the subject's performance on the measuring tool and the subject's actual behavior were related (Polit, 2010). Predictive

validity instead of concurrent validity was explored based on the assumption that the TSET is a dynamic, changing construct (Jeffreys, 2010). Demographic variables did not change and did not influence transcultural self-efficacy perceptions (Jeffreys, 2010).

***Psychometrics: Reliability*.** The TSET cannot be valid without demonstrated reliability, which was the degree of accuracy and consistency in measurement. It refers to the extent to which an instrument provides the same results on repeated uses (Polit, 2010).

Internal consistency. Internal consistency refers to the degree to which test items measured the same trait (Polit, 2010). The TSET was a tool that involved summing item scores in which internal consistency was an appropriate source for reliability (Polit, 2010). High levels of internal consistency within the total instrument and the subscales helped determine to what degree the TSET items correlated with each other and reflected the same construct (Jeffreys, 2010).

A reliability coefficient higher than .70 is considered satisfactory, and a coefficient greater than .80 would be preferable (Polit, 2010). The TSET had a high estimated reliability with a coefficient alpha of 0.92 to 0.98 on the total TSET instrument (Jeffreys, 2010).

Scoring. The high levels of internal consistency in the TSET as a whole and scoring within each of the subscales supported the use of the TSET for data analysis (Jeffreys & Dogan, 2010). Researchers who explored the construct of self-efficacy structured the scoring of their instruments on the basis of recommendations that both the strength and magnitude of self-efficacy be assessed (Bandura, 1989).

Errors of measurement. The researcher was aware that procedures involved in TSET development and distribution and the objective of measuring self-efficacy were vulnerable to influences that could modify the resulting data (Polit, 2010). The TSET survey inherently

had a certain degree of error that was considered in the following equation: Obtained score = True score ± Error (Polit, 2010). Various factors contributed to measurement error of the TSET. The researcher was aware of the following factors and realized that this was not an exhaustive list:

Situational contaminants. Scores may have been influenced by the particular environment experienced by faculty and other educational leaders during survey completion. These could include, but not limited to, time of day, background noise, setting, complex social environment, temperature, and lighting issues.

Response-set bias. Although nursing faculty and administrators completing the TSET were in independent environments, participants may have answered questions in distinctive ways. Participants may have agreed with questions independent of item content. Some participants may have been intimidated by the content and answered based on perceived expected response rather than an individual's honest answer.

Transitory personal factors. Nursing faculty and administrators may experience temporary states of being overwhelmed, fatigue, anxiety, exhaustion, and political pressure, which may influence their ability to cooperate and be thoughtful and honest.

Data Analysis of Quantitative Data

Correlation research. This quantitative study examined the extent to which differences in one variable such as the affective subscale component were related to differences in one or more other variables such as the cognitive and practical components (Cottrell & McKenzie, 2011) . This was an explanatory correlation study that was designed to explain the relationships between differences in transcultural self-efficacy scores between nursing education administrators and faculty, between demographic factors and TSET

responses, and to identify if a relationship exists between formal education related to non-binary sexual identity issues (LGBT) and confidence providing LGBT education. Future consideration may progress toward a prediction study, as significant statistics did exist.

Sample size/effect size index. Upfront power analysis was utilized to enhance statistical conclusion validity and minimize Type II error (Polit, 2010). There was a satisfactory sample size for the intended study (Cottrell & McKenzie, 2011). In this study a larger sample size was needed based on the number of variables that were be analyzed to provide an accurate representation of nursing faculty and administrators in the Midwestern states (Michigan, Ohio, Wisconsin, Illinois, and Indiana), to obtain a statistically meaningful result, and to reduce sampling error. The survey was distributed to 4374 academic nursing administrators and faculty across the Midwestern states. A total of N= 159 was the minimal expectation based on statistical power calculations; participants (N=535) responded to the survey with some stopping at various times.

Descriptive statistics. Statistical measures facilitate the work of researchers to systematize, deduce, and communicate numeric information (Polit, 2010).

Frequency distribution. This technique helped to organize numerical data and clarify patterns is systematic arrangement of scores from lowest to highest (Polit, 2010). Frequency distribution charts provided clarity to the reader and represented TSET data results by frequency and scores. This allowed the researcher to explore rationale for normal distribution, and/or positive and negative skews.

Central tendency. The statistical techniques involved to determine distribution of values and to identify the typical nature of the values was determined by calculating *central*

tendency (Polit, 2010). The TSET results of mode, median, and mean were used to determine the average TSET score for nursing education administration compared to faculty.

Variability. Differing academic levels of nursing faculty and other educational leaders demonstrated similar mean scores. For a gross descriptive index of TSET scores, a range calculation was computed for each item. Standard deviation was calculated based on every value to determine the range of variability in the TSET scores and the average deviation from the mean (Polit, 2010).

Bivariate statistical tests.

t-Tests. Alpha (*a*) level was set at .05, which is the maximum level of making a Type I error (Rogness, 2011). Independent group *t*-tests were utilized because nursing faculty and other educational leaders at different academic levels are independent of each other (Polit, 2010).

Analysis of Variance (ANOVA). ANOVA was used to test mean differences of all group levels including the different groups by variability attributable (Polit, 2010). A variation between groups was contrasted with a variation within groups to yield an *F* ratio statistic to determine if the means were significantly different. Factorial analysis of variance using the general linear model was performed to determine significant differences between demographic variables; significance was set at $p < .05$ overall and for the sub-scales (affective, cognitive, and practical).

Correlation Coefficients. Pearson's *r* in descriptive statistics summarized the magnitude and direction of relationships between two variables. The objective with the TSET was to consider the absolute value of the calculated *r* to identify moderate to significant relationships between the demographic variables and TSET scores (Polit, 2010). A particular

example with the TSET considered the relationship between affective, cognitive, and practical subscales for a significant correlation.

SPSS. All statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS), STA 215, Version 18 (SPSS Inc., Chicago, IL, 2010). Descriptive statistics with assistance of a professional statistician at Grand Valley State University was used to analyze all data.

Ethical Considerations

Ethical contemplation is imperative in education and nursing because the boundary of differentiation between professional practice and the compilation of nursing and education factual knowledge have become blurred. In addition, the issue of ethical requirement may be inconsistent with methodological or cultural considerations (Polit, 2010). Review of the principles for beneficence, justice, and human dignity revealed that data collection and analysis via electronic questionnaire was free from participant harm and exploitation, and potentially provided more benefits than risks for subjects by increasing their own self-reflection and knowledge inquiry. All subjects had the right to choose non-participation without retribution.

The TSET and interview questions were presented in an optional format free from any form of coercion. Full disclosure was included in the informed consent including a fully descriptive component of the nature of the study. There was no discriminatory selection honoring any choice the subjects make. Accessibility to the study questionnaire was equally available to subjects, and study results were provided to participants. Complete privacy was maintained through the methods of this study by use of the questionnaire feature within Survey Monkey®. This modality allowed for questionnaire results to be visible to the

researcher by way of a number and without participants' names for association. The questionnaire collected personal demographic information and all test response data. Subjects were able to choose not to accept the informed consent, which exited them from the study; they also had the ability to stop their participation in the study at any time.

Human Subjects Review/Informed Consent

Eastern Michigan University (EMU) and Grand Valley State University (GVSU) policies and procedures regarding informed consent and protection of human subjects were followed. The research proposal was submitted for review and approval by the University Human Subjects Review Committee (UHSRC). The risks to the subjects were minimal. There was no physical risk, and the psychological risk was minimal because the discussion involved reflection and confidential communication.

The informed consent form (Appendix A) included a statement related to the purpose of the research and how informants were to participate. It also included an assurance of confidentiality. No actual names were used and all identifying information destroyed at the study completion. Subjects were assured that all personal information received was kept in a secure online location with no access by other individuals besides the PI and GVSU statistics department. Participants were notified that for any future involvement or publication resulting from this collaborative study, they would be given appropriate acknowledgement for their role in the process. The informed consent was located on the first page of the survey and contained the participant's agreement prior to continuation of the survey. A data confidentiality/anonymity statement was also included in the consent form. Survey Monkey® records the respondent's time stamp and allowed for *prefer not to respond* as an option for every interview question. There were no questions where a respondent could not

proceed without answering. At the conclusion of the survey all subjects were given an option to withdraw.

The Institutional Review Board (IRB) determined that this study was exempt from full board review. Research involving questionnaire procedures are often excused from board review; however, the subject matter related to human sexuality did not infringe on this exception. Proper procedures outlined on IRB.net were followed with utmost accuracy. The survey online distributor site (Survey Monkey®) complied with IRB regulations by providing a Verisign certificate Version 3, 128 bit SSL encryption feature which was enabled in order to secure transmission of information between the participant's online computer and Survey Monkey's® servers. The researcher's IP address was masked using a feature provided for this security function.

Summary

The method of data collection and analysis was intended to identify transcultural self-efficacy of nursing academic faculty and administrators and their confidence related to non-binary sexual identities. In addition, identifying the validity and reliability of the TSET was an essential component for development and promotion of tools designed to measure transcultural self-efficacy, especially among nursing faculty and administrators in academic institutions. Future use of these data will hopefully assist in the promotion of scholarship and research, recruitment and retention, and collaborative practices related to transcultural self-efficacy and non-binary sexual identities. Ultimately, the intent of data analysis was to expand the knowledge base to a larger population of professional individuals and to disseminate reliable information to others. As unified human entities, in order to further expand humanity and existence, we need to understand and embrace the cultural-physical

bias and inconsistencies that are evidence-related to non-binary sexual identities. This study hopes to lend an expansion of the body of knowledge within this area. The researcher is enormously grateful and humbled to be a part of this research process.

CHAPTER FOUR–RESULTS

Transcultural self-efficacy is important for nursing administrators and faculty in order to prepare nursing education students to better serve the diverse patients with whom they may work (Ferguson, 2008; Jeffreys, 2006). This study examined transcultural self-efficacy of nursing education leaders and faculty related to non-binary sexual identities. The results of the research are reported in this chapter.

The Transcultural Self-Efficacy Tool (TSET) was distributed online and analyzed in this study. The TSET was given to 535 nursing education administrators and faculty at Commission on Collegiate Nursing Education (CCNE) accredited nursing programs in Michigan, Indiana, Ohio, Illinois and Wisconsin.

Research Questions

This study sought to answer the following research questions:

Q 1. What are the differences in Transcultural Self- Efficacy Tool (TSET) scores between nursing education leaders (administrator positions) and nursing faculty?

Q 2. What is the relationship between demographic factors and TSET responses?

Q 3. For nursing education faculty: Is there a relationship between TSET results and confidence with providing nursing education related to non-binary sexual identity/LBGT content?

Q 4. For nursing education administration: Is there a relationship between TSET results and confidence discussing non-binary sexual identity/LBGT issues with the administrative team?

Methods

A quantitative design was selected to address the research questions. Nursing leaders and faculty employed at Commission on Collegiate Nursing Education (CCNE) nursing programs in Michigan, Indiana, Ohio, Illinois and Wisconsin, a total of 4,374 individuals, were invited to complete the online survey. The entire survey or parts of the survey were completed by 535 participants (See Appendix C) for a response rate of 12%. Survey Monkey®, an online survey tool, was used for data collection, and statistical data were analyzed using SPSS, version 20.0 (IBM SPSS).

Data were gathered throughout a three-week period during April 2013, with an e-mail reminder sent out after two weeks to all invitees who had not responded. The survey included 11 demographic questions and 83 TSET items. The TSET was divided into three subcategories, cognitive, practical, and affective. The 25 cognitive items investigated the participants' knowledge concerning the ways cultural factors influence nursing care. Twenty-eight items composed the practical subscale measuring participants' confidence for interviewing clients of different cultural backgrounds to learn more about their values and beliefs. The affective subscale included 30 items addressing the participants' attitudes, values, and beliefs. Scoring was reported in terms of TSET scores with higher scores indicating higher levels of self-efficacy/confidence.

Demographics of the Sample

The various tables in this section show the demographic components of both nursing education faculty and administrators who participated in this study. Demographics included age, sexual orientation, role category, primary role, LGBT/various sexual identity issues, continuing education (CE), and confidence providing LGBT education. The binary option

of *male* and *female* was not provided as a selection for participants in this study. Based on the contemporary premise of Queer Theory (Motta & Ribeiro, 2013), gender has implications beyond biological consideration, with which many individuals do not identify in today's society. The structure of this research study was to move outside of binary identification for purposes of inclusion of those that identify outside of the gender norms of male/female.

Age. As shown in Table 1, the highest percentage of participants, both nursing education faculty and administration, were in the 50-59 age category. This is similar to the average national age of doctoral-prepared nursing faculty, which is 53.5 years in the United States. For master's degree-prepared nurse faculty, the average age for professors, associate professors, and assistant professors is 53.3 years (AACN, 2007).

Table 1

Demographic Data: Age Range for Administration and Faculty

Demographic Characteristics	**Administration (%)**	**Faculty (%)**
Age Range		
20-29	4.3	1.3
30-39	10.9	11.2
40-49	8.7	22.3
50-59	50.0	39.7
60 and older	26.1	25.4

Sexual orientation. As shown in Table 2, the greater majority (92.4%) of the participants identified themselves within the *straight* category, whereas 7.31% identified themselves as outside the *straight* category.

Table 2

Demographic Data: Sexual Orientation of Study Participants

Sexual Orientation	Overall Percentage	Administrator N	Faculty N
Gay	1.5	3	5
Lesbian	2.4	4	8
Straight	92.4	38	426
Transgendered	0.01	1	0
Bisexual	1.4	7	0
Other identity	2.0	1	9

Role category. Table 3 shows that faculty made up a high majority of participants, with only about 10% of participants who identified their primary role as administrative.

Table 3

Demographic Data: Role Category of Study Participants

Demographic Characteristics	Number of Respondents	Percentage
Role Category		
Administrative	46	9.2
Faculty	452	90.8

Primary role. Table 4 shows responses to a question regarding identification of participants' primary role, in which 35.6% of the participants chose the answer, *not listed*. Based on participant comments, explanations for these responses were because the participants were part-time; were split between faculty and administrator roles; held roles that

were identified outside of *faculty* or *administration*, such as lab coordinator; or were from universities that did not have a system of tenure for faculty (Appendix D).

Table 4

Demographic Data: Primary Role of Study Participants

Primary role	N	Participants %
Dean	8	1.6
Assistant/Associate Dean	19	3.8
Tenured Faculty	87	17.4
Tenure Track Faculty	107	21.4
Visiting/Affiliate Faculty	28	5.6
Adjunct Faculty	73	14.6
Not Listed	178	35.6

LGBT/non-binary sexual identity issues. The survey also inquired about the training of nursing educators and how decisions on LGBT issues are addressed in the workplace.

***Significant decision-making*.** Nursing administrators and faculty were asked, "To what degree are LGBT issues considered when significant decisions are made in your academic organization?" The cross tabulated results shown in Table 5 indicated that more than half of administrators (51.1%) and faculty (57.7%) stated that LGBT issues were not considered differently than other groups when decisions were made in their academic organization.

Table 5

Degree to which LGBT issues are considered when significant decisions in academic organization between administration and faculty

To what degree are LGBT issues considered when significant decisions are made in your academic organization?	**Administration (%)**	**Faculty (%)**
Very Important	2.2	7.9
Somewhat important	22.2	10.9
No different than other groupings	51.1	57.7
Slightly	11.1	8.4
Not at all	13.3	15.2

Formal education. A Chi-square test was used to investigate whether the categorical variables of nursing academic administrators and faculty differ from one another. Differences were explored in response to the question, "Did you receive specific education related to LGBT /various sexual identities instruction in your FORMAL education?" The results indicated that there were no significant differences between administrative and faculty responses (p=.091). However, as shown in Table 6, less than half of administrators and faculty responded "yes" to this question

Table 6

LGBT Education related to LGBT /various sexual identities in formal education*: Administration and Faculty*

	Administration (%)		Chi-Square (p-value)	Faculty (%)	
	Yes	**No**		**Yes**	**No**
Did you receive specific education related to LGBT / various sexual identities instruction in your FORMAL education?	37.0	63.0	.091	25.4	74.6

Education in place of employment. Participants were also asked if they participated in specific educational opportunities related to LGBT/various sexual identities in their place of employment. Table 7 shows no significant differences between administrative and faculty responses (p=.424) to this question. However, the majority of administrators and faculty indicated that they had not participated in educational opportunities related to these topics in their workplace.

Table 7

Participated in Specific Educational Opportunities Related to LGBT/Various Sexual Identities in Place of Employment

Have you participated in specific educational opportunities related to LGBT/various sexual identities in your place of employment?	Administration (%)		Chi-Square (p-value)	Faculty (%)	
	Yes	No		Yes	No
	41.3	58.7	.424	35.4	64.6

Confidence discussing LGBT issues. The survey asked participants about their confidence discussing LGBT issues with the management team at their academic organization. A Chi-square test was used to examine differences between administrative and faculty responses. The results showed that there were no significant differences between administrative and faculty responses (p=.097), as indicated in Table 8. More than three-fourths (78%) of administrators and 65.1 % of faculty affirmed their confidence in discussing LGBT issues with the management team.

Table 8

Discussing LGBT Issues with Management Team: Administration and Faculty

Are you confident discussing LGBT issues with the management team at your academic organization?	**Administration (%)**		**Chi-Square (p-value)**	**Faculty (%)**	
	Yes	**No**		**Yes**	**No**
	78.0	22.0	.097	65.1	34.9

Data associated with confidence in providing nursing education related to gay-male issues, lesbian issues, bisexual issues, and transgender issues is found in Table 9. A Chi-square test was used to examine significant differences in confidence between primary roles (administration or faculty) when providing nursing education related to gay, lesbian and bisexual or transgender issues. The analysis showed that there were no significant differences between administrative and faculty responses to confidence related to bisexual (p= .068) issues. There were, however, significant difference in confidence levels were found between administration and faculty related to various populations: gay (p=.029), lesbian (p=.045), and transgender (p=.013) issues. Overall, administration was significantly more confident than faculty providing nursing education related to gay, lesbian, and transgender issues compared to faculty confidence levels.

Table 9

Confidence Providing Nursing Education Related to Gay-Male Issues, Lesbian Issues, Bisexual Issues, and Transgender Issues

Are you confident providing nursing education related to:	**Administration (%)**		**Chi-Square (p-value)**	**Faculty (%)**	
	Yes	**No**		**Yes**	**No**
Gay-male issues?	71.8	28.2	.029	53.6	46.4
Lesbian issues?	71.8	28.8	.045	55.1	44.9
Bisexual issues?	63.2	36.8	.068	47.6	52.4
Transgender issues?	60.5	39.5	.013	39.7	60.3

Continuing education. Participants were asked whether they had completed continuing education (CE) in transcultural nursing or cultural competency. A Chi-square test was used to check for differences in administrative and faculty responses to this question. The results in Table 10 show that there were no significant differences between administrative and faculty responses (p=.617). Most administration (71.7%) and faculty (68.1%) responded "yes" to whether they have completed continuing education in transcultural nursing or cultural competency.

Table 10

Completed Continuing Education (CE) in Transcultural Nursing or Cultural Competency

Have you ever completed CE in transcultural nursing or cultural competency?	**Administration (%)**		**Chi-Square (p-value)**	**Faculty (%)**	
	Yes	**No**		**Yes**	**No**
	71.7	28.3	.617	68.1	31.9

Research Question 1

"What are the differences in Transcultural Self- Efficacy Tool (TSET) scores between nursing education leaders (administrator positions) and nursing faculty?" This question was structured to explain the differences in TSET sub-scale scores (cognitive, practical, affective) between nursing education leaders (administration positions) and nursing faculty.

Using the independent samples t-test, findings seen in Table 11 indicated that there was no significant difference between nursing education leaders and nursing faculty in the cognitive (p=.456) and practical (p=.142) subcategories. The TSET cognitive scores indicated that nursing education administration and faculty are not significantly different in knowledge concerning the ways cultural factors influence nursing care. The TSET practical scores indicated that nursing education administration and faculty are not significantly different in their confidence with interviewing clients of different cultural backgrounds to learn more about their values and beliefs. However, there was a significant difference (p=.049) between nursing education administration and nursing faculty in the affective subcategory. The TSET affective score indicated a statistically significant difference in TSET confidence level related to their personal attitudes, values, and beliefs (affective).

Research question 1 was answered by study findings. There were differences in nursing education administration and faculty TSET scores were found only in the affective sub-scale. Nursing education administrators were more transculturally confident than nursing education faculty in their personal attitudes, values, and beliefs.

Table 11

TSET Subcategory Scores for Nursing Education Leaders and Faculty

TSET score	**Role**	**N**	**Mean**	**sd**	**t**	**df**	**p-value**
Cognitive	Administration	37	205.46	32.32			
	Faculty	361	200.28	40.98	.728	48.7	.456
Practical	Administration	32	229.37	37.44	1.428		
	Faculty	354	217.17	45.48		39.7	.142
Affective	Administration	32	274.94	22.95			
	Faculty	327	265.93	24.72	1.98	38.3	.049

Research Question 2.

"What is the relationship between demographic factors and TSET responses?"

Tables 12 through 17 show findings for the investigation of multiple relationships between demographic factors of age, personal identity/sexual orientation, completion of continuing education units, educational opportunities in the workplace, and responses relating to confidence discussing LGBT issues with the management team and TSET sub-scale scores (cognitive, practical, affective) of nursing education leaders (administration positions) and nursing faculty.

Age. In the data analysis regarding age of participants, groups aged 20-29 and 30-39 were combined to equalize participant numbers. The ANOVA (IBM SPSS, Version 20.0) test was used to consider scores both between and within groups related to age. As shown in Table 12, the TSET subscales groups, practical (p=.425) and affective (p=.295) showed no significant statistical differences related to age groupings. The TSET practical scores indicated that nursing education administration and faculty were not significantly different in confidence for interviewing clients of different cultural background to learn more about their views and beliefs. The TSET affective scores indicated that nursing education administration and faculty were not significantly different in their transcultural confidence level related to their personal attitudes, values, and beliefs.

This study found that nursing education administration and faculty who were aged 50 and older were more confident (p=.048) in knowledge concerning the ways cultural factors may influence nursing care, compared to younger age groups. Further discussion of age will be provided in Chapter 5.

Table 12

Age Groups of TSET Cognitive, Practical, Affective and Total Scores

TSET category	**Age group**	**N**	**Mean**	**sd**	**F**	**df**		**p-value**
Cognitive	39 & under	47	195.83	44.99	2.231	Between Groups	3	.048
	40-49	79	192.47	41.87				
	50-59	166	202.67	37.98		Within Groups	386	
	60 & older	98	206.75	39.24				
						Total	389	
Practical	39 & under	45	208.27	49.31	.933	Between Groups	3	.425
	40-49	79	220.02	35.94				
	50-59	150	218.75	46.80		Within Groups	372	
	60 & older	102	221.18	46.05				
						Total	375	
Affective	39 & under	42	269.40	25.78	1.239	Between Groups	3	.295
	40-49	77	262.13	24.83				
	50-59	140	267.16	25.27		Within Groups	350	
	60 & older	95	268.58	23.50				
						Total	353	

Personal identity/sexual orientation. The two-way ANOVA was used to determine the main effect of contributions and significant interaction effect between personal identity/sexual orientation, TSET subscale scores, and primary role (administrator and faculty). The greater majority of respondents identified their personal identity/sexual orientation as straight (N=464); thus, statistical differences were not detected due to the low number of participants who identified with gay-male (N=8), lesbian (N=12), bisexual (N=7), transgendered (N=1) and *other identity,* which was ambiguous (N=10). However, lesbian participants scored the highest (TSET=206.22) in the cognitive subscale indicating a higher level of confidence related to knowledge concerning the ways cultural factors may influence nursing care. Gay participants scored the highest (TSET= 176.0) in the affective subscale indicating increased confidence related to their own attitudes, values, and beliefs. Table 13 provides personal identity/sexual orientation details.

Although not statistically significant, this study inferred that lesbian participants may be more confident related to knowledge concerning the ways cultural factors may influence nursing care (cognitive) compared to other sexual orientation groups. In addition, gay participants may have a higher level of confidence related to their own attitudes, values, and beliefs (affective) compared to other sexual orientation groups.

Table 13

TSET Cognitive, Practical, Affective and Total Scores for Personal Identity/Sexual Orientation

TSET score	Description	N	Mean	sd	Minimum	Median	Maximum
Cognitive	Gay-Male	8	176.62	39.02	105.00	173.00	223.00
	Lesbian	9	206.22	36.87	163.99	201.00	250.00
	Straight	372	201.72	39.40	25.00	208.00	250.00
	Transgendered	1	25.00	.	25.00	25.00	25.00
	Bisexual	6	153.33	68.07	25.00	174.50	210.00
Practical	Gay-Male	6	204.17	65.13	84.00	220.50	280.00
	Lesbian	11	227.09	30.99	174.00	222.00	280.00
	Straight	362	218.30	44.87	28.00	224.00	280.00
	Transgendered	1	197.00	.	197.00	197.00	197.00
	Bisexual	6	199.50	49.53	113.00	210.50	255.00
Affective	Gay-Male	7	278.28	18.84	253.00	288.00	300.00
	Lesbian	11	265.73	23.92	214.00	269.00	296.00
	Straight	334	266.72	24.46	183.00	269.00	300.00
	Transgendered	1	191.00	.	191.00	191.00	191.00
	Bisexual	6	246.17	35.37	191.00	259.00	279.00

Completed continuing education credits. Participants were asked, "Have you ever completed continuing education units (CE) in transcultural nursing or cultural competency?" Participants whose response was "Don't Know,"(N=17, 3.4%) were not considered in the data analysis due to the low number of responses. Statistical analysis revealed that there was a significant difference in all three subcategories, cognitive (p=.002), practical (p=.000), and

affective (p=.001) between participants who responded "yes" compared to those who responded "no."

The Independent Samples Kruskal-Wallis test is a nonparametric test used to compare outcomes among more than two independent groups (Graeme & Beauchamp, 2008). This statistical test was appropriate to use in this study to examine and compare nursing education administration and faculty's responses regarding completion of continuing education units (CE) in transcultural nursing or cultural competency and their TEST subscale scores. The results shown in Table 14 indicate a significant difference between administration and faculty in all TSET subscale areas. For all subscales, cognitive (p=.116), practical (p=.011), and affective (p=.005), administration scored significantly higher than faculty even after completing continuing education units (CE) in transcultural nursing or cultural competency. It should be noted that the power of the Independent-Samples Kruskal-Wallis test was reduced due to the small number of administrative participants in the sample size.

This study found that those having received continuing education credits in transcultural nursing or cultural competency were more confident in all areas (cognitive, practical, and affective). Even though both groups benefitted from CE learning, nursing education administrators were more confident than faculty in all areas (cognitive, practical, and affective) even after faculty had completed continuing education units (CE) in transcultural nursing or cultural competency. This finding indicated that nursing education administrators were more confident than faculty in knowledge concerning the ways cultural factors may influence nursing care (cognitive), confidence for interviewing clients of different cultural backgrounds to learn more about their values and beliefs (practical), and

personal attitudes, values, and beliefs (affective) even after both groups have completed CE training.

Table 14

TSET Cognitive, Practical, and Affective Scores for Whether CE's were Completed in Transcultural Nursing or Cultural Competency

Have you ever completed continuing education units (CE) in transcultural nursing or cultural competency	**TSET category**	**N**	**Mean**	**sd**	**t**	**p-value**	**Kruskal-Wallis p-value**
Yes	Cognitive	268	205.83	35.45	3.085	.002	.116
No		115	192.28	47.41			
Yes	Practical	266	224.14	39.80	3.895	.000	.011
No		107	204.52	53.04			
Yes	Affective	243	270.17	21.94	3.449	.001	.005
No		103	260.50	27.77			

Formal education. Participants were asked whether they had received formal, specific education and content related to lesbian, gay, bisexual, transgendered, or various sexual identities. Statistical analysis revealed significant difference in all three subcategories, cognitive (p=.001), practical (p=.004), and affective (p=.045) between participants who responded "yes" compared to those that responded "no."

An Independent-Samples Kruskal-Wallis test was used to examine and compare nursing education administration and faculty, in regard to their responses and TSET subscale scores. The results in Table 15 show that there was a significant difference between administration and faculty in all TSET subscale areas. For all subscales, cognitive (p=.039), practical (p=.046), and affective (p=.027), administration scored significantly higher than faculty even after faculty reported receiving specific education related to LGBT/various sexual identities in their formal education. However, it should be noted that the power of the Independent-Samples Kruskal-Wallis test was reduced in power based on the small sample size of administrative participants.

This study found that those receiving specific education related to LGBT/various sexual identities in formal education were more confident in all areas (cognitive, practical and affective). Even though both groups benefitted from this education, nursing education administrators were more confident than faculty in knowledge concerning the ways cultural factors may influence nursing care (cognitive), confidence for interviewing clients of different cultural backgrounds to learn more about their values and beliefs (practical), and personal attitudes, values, and beliefs (affective) after receiving this education.

Table 15

TSET Cognitive, Practical, and Affective Scores for Whether Participants Received Education Related to LGBT Identities in Their Formal Education

Did you receive specific education related to LGBT/various sexual identities in your formal education?	**TSET Category**	**N**	**Mean**	**sd**	**t**	**p-value**	**Kruskal-Wallis p-value**
Yes	Cognitive	98	212.19	29.25	3.364	.001	.039
No		275	196.65	42.26			
Yes	Practical	99	229.25	36.10	2.912	.004	.046
No		262	214.28	46.08			
Yes	Affective	91	271.45	24.00	2.016	.045	.027
No		244	265.39	24.63			

Educational opportunities in place of employment. Responses about participation in specific educational opportunities in the workplace related to LGBT or various sexual identities revealed statistically significant differences in the cognitive (p=.020) and the practical (p=.015) subcategories. There were no statistically significant difference between participants who responded "yes" and those who responded "no" in the affective subcategory (p=.425). An Independent-Samples Kruskal-Wallis test was used to examine and compare nursing education administration and faculty responses about whether they have participated in specific educational opportunities related to LGBT or various sexual identities in their place of employment and their TEST subscale scores. The results in Table 16 show that there was no significant difference between administration and faculty in all TSET subscale areas.

For all subscales, cognitive (p=.194), practical (p=.068), and affective (p=.142), administration and faculty showed no significant difference. However, it should be noted that the power of the Independent-Samples Kruskal-Wallis test was reduced in power based on the small number of administrative participant sample size.

This study found that those receiving educational opportunities in their place of employment, related to LGBT/various sexual identities, were more confident in the cognitive and practical areas. This indicated that that these educational opportunities increase knowledge concerning the ways cultural factors may influence nursing care (cognitive), and confidence for interviewing clients of different cultural backgrounds to learn more about their values and beliefs (practical) for both nursing education administrators and faculty. However, when comparing the two groups there was no relationship between nursing education administrators and faculty in any of the cognitive, practical and affective areas after receiving LGBT/various sexual identities educational opportunities in their place of employment.

Table 16

TSET Cognitive, Practical, and Affective Scores for Whether Participants Partook in Specific Educational Opportunities Related to LGBT or various sexual Identities in Their Place of Employment

Have you participated in specific educational opportunities related to LGBT or various sexual identities in your place of employment?	**TSET Categories**	**N**	**Mean**	**sd**	**t**	**p-value**	**Kruskal-Wallis p-value**
Yes	Cognitive	139	207.26	34.27	2.34	.020	.194
No		254	197.41	42.60			
Yes	Practical	141	225.83	37.06	2.44	.015	.068
No		239	214.32	48.20			
Yes	Affective	131	268.08	22.74	.80	.425	.142
No		226	265.92	25.83			

Discussing LGBT issues with management team. Statistical analysis of participants' responses relating to confidence discussing LGBT issues with the management team, revealed significant differences. All three subcategories, cognitive (p=.001), practical (p=.001), and affective (p=.001) demonstrated significant findings between participants that responded "yes" and those who responded "no." An Independent-Samples Kruskal-Wallis test was used to examine and compare nursing education administrators and faculty responses about whether they were confident discussing LGBT issues with the management team at their academic organization and their TEST subscale scores. The results in Table 17

show that there was a significant difference between administration and faculty in all TSET subscale areas. For all subscales, cognitive (p=.001), practical (p=.001), and affective (p=.006), administration scored significantly higher than faculty in relation to their confidence discussing LGBT issues with the management team at their academic organization. However, it should be noted that the Independent-Samples Kruskal-Wallis test used was reduced in power based on the small number of administrative participant sample size.

This study found that there was a significant relationship between confidence discussing LGBT issues with the management team and being more confident in all sub-scale areas, cognitive (p=.001), practical (p=.001), and affective (p=,001). Even though both groups benefitted from confidence discussing LGBT issues with the management team, nursing education administrators were more confident than faculty in knowledge concerning the ways cultural factors may influence nursing care (cognitive), confidence for interviewing clients of different cultural backgrounds to learn more about their values and beliefs (practical), and personal attitudes, values, and beliefs (affective).

Table 17

TSET Cognitive, Practical, and Affective Scores for Whether Participants Are Confident Discussing LGBT Issues With the Management Team at Their Academic Organization

Are you confident discussing LGBT issues with the management team at your academic organization?	**TSET Categories**	**N**	**Mean**	**sd**	**t**	**p-value**	**Kruskal-Wallis p-value**
Yes	Cognitive	229	210.03	29.19	5.32	.001	.001
No		111	186.69	51.46			
Yes	Practical	226	227.78	37.32	5.33	.001	.001
No		104	200.81	52.63			
Yes	Affective	211	270.42	21.87	3.57	.001	.006
No		100	260.01	28.09			

Research Question 3

Nursing education faculty were asked, "Is there a relationship between TSET results and confidence with providing nursing education related to non-binary sexual identity/LBGT content? This question considered the confidence level of only nursing education faculty to determine if there was a relationship between TSET results and providing nursing education related to non-binary sexual identity/LBGT content. In addition, this question examined faculty participant's (N=452) TSET subscale scores with the intent to determine self-efficacy for providing nursing education related to each sexual identity issue (gay-male issues, lesbian issues, bisexual issues, and transgender issues).

Gay-male issues. An Independent Samples t-test was used to examine confidence of nursing education faculty to determine if there was a relationship between TSET results and providing nursing education related to gay-male issues. The results showed that there was a positive statistical significance (p=.001) in each of the TSET subscales, cognitive, practical, and affective, as demonstrated in Table 18. This study found that there was a positive relationship between TSET cognitive, practical, and affective subscale results and confidence with providing nursing education related to gay-male issues.

Table 18

Nursing Education Faculty TSET Cognitive, Practical, and Affective Scores Related to Providing Nursing Education Related to Gay-Male Issues

Are you confident providing essential nursing education related to gay-male issues?	**TSET Category**	**N**	**Mean**	**sd**	**t**	**df**	**p-value**
Yes	Cognitive	170	217.57	25.18			
No		147	181.83	48.80	8.351	315	.001
Yes	Practical	164	233.80	35.67	6.898	306	.001
No		144	199.87	50.19			
Yes	Affective	155	272.26	22.12	4.815	287	.001
No		134	258.53	26.34			

Lesbian issues. An Independent Samples t-test was used to examine confidence of nursing education faculty to determine if there was a relationship between TSET results and providing nursing education related to lesbian issues. The results showed that there was a positive statistical significance (p=.001) in each of the TSET subscales, cognitive, practical, and affective as demonstrated in Table 19.

Table 19

Nursing Education Faculty TSET Cognitive, Practical, and Affective Scores Related to Providing Nursing Education Related to Lesbian Issues

Are you confident providing essential nursing education related to lesbian issues?	**TSET Category**	**N**	**Mean**	**sd**	**t**	**df**	**p-value**
Yes	Cognitive	174	217.98	24.47	8.82	309	.001
No		137	179.86	49.90			
Yes	Practical	169	233.67	34.35	6.87	301	.001
No		134	199.45	51.98			
Yes	Affective	159	272.49	21.63	5.19	280	.001
No		123	640.22	26.71			

Bisexual issues. An Independent Samples t-test was used to examine confidence of nursing education faculty to determine if there was a relationship between TSET results and providing nursing education related to bisexual issues. The results showed that there was a positive statistical significance (p=.001) in each of the TSET subscales, cognitive, practical, and affective, as demonstrated in Table 20.

Table 20

Nursing Education Faculty TSET Cognitive, Practical, and Affective Scores Related to Providing Nursing Education Related to Bisexual Issues

Are you confident providing essential nursing education related to bisexual issues?	**TSET Category**	**N**	**Mean**	**sd**	**t**	**df**	**p-value**
Yes	Cognitive	150	218.92	23.37	7.89	308	.001
No		160	184.44	48.47			
Yes	Practical	148	235.61	34.80	6.67	299	.001
No		153	259.15				
Yes	Affective	139	272.75	22.06	4.68	280	.001
No		120	259.15	26.42			

Transgender issues. An Independent Samples t-test was used to examine confidence of nursing education faculty to determine if there was a relationship between TSET results and providing nursing education related to transgender issues. The results showed that there was a positive statistical significance (p=.001) in each of the TSET subscales, cognitive, practical, and affective, as demonstrated in Table 21.

Table 21

Nursing Education Faculty TSET Cognitive, Practical, and Affective Scores Related to Providing Nursing Education Related to Transgender Issues

Are you confident providing essential nursing education related to transgender issues?	**TSET Category**	**N**	**Mean**	**sd**	**t**	**df**	**p-value**
Yes	Cognitive	126	220.37	22.46	7.195	308	.001
No		184	187.76	47.35			
Yes	Practical	123	237.18	33.38	6.308	296	.001
No		175	205.18	48.79			
Yes	Affective	114	274.19	21.34	4.861	277	.001
No		165	259.86	106.05			

Research Question 4

Nursing education administration were asked, "Is there a relationship between TSET results and confidence discussing non-binary sexual identity/LBGT issues with the administrative team?" This question considered only nursing education administrators and the relationship between TSET results and confidence discussing non-binary sexual identity/LGBT issues with the administrative team. Study findings shown in Table 22 indicate that there was no statistically significant relationship between the subscales scores (cognitive, practical, affective) and confidence discussing non-binary sexual identity/LBGT issues with the administrative team.

Table 22

Nursing Education Administrator TSET Cognitive, Practical, and Affective Scores Discussing Non-Binary Sexual Identity/LBGT Issues with the Administrative Team

Nursing education administration relationship between TSET results regarding confidence discussing non-binary sexual identity/LBGT issues with the administrative team.	**TSET Category**	**N**	**Mean**	**sd**	**t**	**df**	**p-value**
Yes	Cognitive	26	203.23	30.00			
No		8	206.50	37.34	.255	2	801
Yes	Practical	22	230.36	32.31			
No		7	218.00	47.61	786	7	439
Yes	Affective	21	276.86	74.95			
No		8	266.00	109.07	.144	7	263

Summary

This study examined transcultural self-efficacy of nursing education leaders and faculty related to non-binary sexual identities. The Transcultural Self-efficacy Tool (TSET) was used to gather data from 535 nursing education leaders and faculty in academic setting within Michigan, Ohio, Indiana, Illinois, and Wisconsin.

Findings indicated that nursing education administrators are more transculturally confident than nursing education faculty in their personal attitudes, values, and beliefs. Further, among all participants, those aged 50 and older were more confident in knowledge concerning the ways cultural factors may influence nursing care, compared to younger age groups.

Findings showed that receiving continuing education credits in transcultural nursing or cultural competency contributed to an increase in confidence in cognitive, practical, and affective areas. Receiving specific education related to LGBT/various sexual identities in formal education, and confidence discussing LGBT issues with the management team also contributed to an increase in cognitive, practical, and affective subscale scores.

Study findings revealed that, for nursing faculty, there was a positive relationship between TSET results and confidence with providing nursing education related to gay-male, lesbian, bisexual, and transgender issues. However, no statistically significant relationship was found between the subscales scores (cognitive, practical, affective) and confidence discussing non-binary sexual identity/LBGT issues with the administrative team.

Educational opportunities increased knowledge concerning the ways cultural factors may influence nursing care (cognitive), and confidence for interviewing clients of different cultural backgrounds to learn more about their values and beliefs (practical). A comprehensive summary, discussion of the findings and their implications for nursing education programs, and recommendations for further research will be presented in Chapter 5.

CHAPTER 5–SUMMARY, DISCUSSION, RELEVANCE, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION

This study explored transcultural self-efficacy among nursing education leaders and faculty to gain understanding of participants' individual and professional perceptions related to non-binary sexual identity issues. As discussed in Chapter 2, the term *non-binary sexual identity* refers to any sexual identity other than the heterosexual majority (Leck, 2000). Sexual identities may include lesbian, gay, bisexual, transgender, (LGBT) queer/questioning, asexual, pansexual, intersexual, and many other self- or clinically identified-identities (Cashore, 2009; Greenberg, 2002; Powell, 1999). This chapter comprises a summary of the study and a discussion of the findings as they relate to relevant literature. Suggestions for further research, and recommendations conclude the study.

Summary of the Study

The findings of this study were based on the responses from 535 nursing education administrators and faculty from Commission on Collegiate Nursing Education (CCNE) accredited nursing institutions in Michigan, Wisconsin, Ohio, Illinois, and Indiana. Questionnaires were distributed online via Survey Monkey® by the researcher and the Grand Valley State University (GVSU) Statistics Counseling Center. Data were gathered during a three week period in April 2013, with an e-mail reminder sent to all e-mail addresses that had not responded. Completion of the survey took participants approximately 10-12 minutes.

Participants completed 11 demographic questions and transcultural self-efficacy scores were determined by responses to 83 Transcultural Self-Efficacy Tool (TSET) items. The investigated variables were TSET scores, primary role, age, sexual identity, completed

continuing education (CE) units, LGBT content in formal education, educational opportunities related to LGBT content in place of employment, and confidence with essential nursing education related to LGBT issues. IBM SPSS Statistics, Version 20.0 analyzed data by appropriate tests, including the standard t-test, independent samples t-test, ANOVA, Kruskal-Wallis, and Chi-square. A significance level of $p < .05$ was used for all analyses.

The TSET contained 25 cognitive items, which investigated the participants' knowledge concerning the ways cultural factors may influence nursing care. Twenty-eight items were contained within the practical subscale intended to measure participants' confidence for interviewing clients of different cultural backgrounds to learn more about their values and beliefs. The affective subscale included 30 items, which addressed the participants' attitudes, values, and beliefs. Scoring was reported in terms of TSET scores with higher scores indicating higher levels of self-efficacy/confidence.

Research questions. The following research questions guided this study:

Q 1. What are the differences in TSET scores between nursing education leaders (administrator positions) and nursing faculty?

Q 2. What is the relationship between demographic factors and TSET responses?

Q 3. For nursing education faculty: Is there a relationship between TSET results and confidence with providing nursing education related to non-binary sexual identity/LBGT content?

Q 4. For nursing education administration: Is there a relationship between TSET results and confidence discussing non-binary sexual identity/LBGT issues with the administrative team?

Discussion

This study provided demographic data related to age and sexual orientation. The national trend toward aging of the registered nurse (RN) workforce in the United States is reflected in the median age of registered nurses reported as 45.4 (Juraschek, Zhang, Ranganathan, & Lin, 2009). In this study the median age of participants was 44.5.

The most recent national survey revealed that nearly 4% of the total United States population identify themselves as lesbian, gay, bisexual, or transgender (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2012). Of the 496 participants who responded to the personal description/identity question in this study, 32 participants (6.5%) identified themselves as lesbian, gay, bisexual, or transgender. These findings were slightly higher than the national average.

Leadership. Nursing is expected to remain among the main job growth areas (Nelson, 2009). To meet the growing need for professionals, nursing leaders must work to increase the number of nursing professionals from cultures and subcultures outside the existing white, heterosexual, female tradition (Villegas, 2002). Literature indicates that diversity in nursing education is intrinsically linked to leadership (Adamson et al., 2009; Curtis et al., 2011; de Leon, 2008; Hill, 2002; Kalayjian, 2010; Leininger, 2000; Mockett, Horsfall, & O'Callaghan, 2006; Murphy, 2006) and is tied to quality of care (Kalayjian, 2010). Leadership in any field should empower and maximize prospects for all individuals under their responsibility. Current nurse administrators and faculty are in a position to use both their clinical expertise and leadership skills to positively include diversity within their

organizational system (Coombs, 2006; McCloughen, 2009; Melnyk & Davidson, 2009; Mockett et al., 2006; Nowell & Harrison, 2011).

This study found that nursing education administrators had higher TSET scores than faculty. This may be a result of the overall high confidence and self-efficacy levels of professionalism skills among nursing administrators and the higher levels of empowerment present within higher levels of the organizational structure (Manojlovich, 2005). A significant step for nursing leadership is to work with nursing faculty to endorse the importance of transcultural self-efficacy.

The need for professional vision to promote cultural education is necessary from a leadership perspective. There is little evidence or literature related to cultural training in nursing education leadership (Clark et al., 2011; Omeri, 2008), and even less for LGBT issues. Findings from this study shed light on this issue in two different aspects. First, was the recognition that half of all participants were either not confident or didn't know if they were confident providing essential nursing education related to LGBT issues. Second, results show a significant difference between nursing education administrators and faculty in confidence providing nursing education related to LGBT issues, with administrators scoring significantly higher. These findings may help nursing education administrators promote cultural education by recognizing the need to assist faculty with confidence regarding LGBT issues.

Nursing education leadership can be viewed as a process that understands and explains both broad issues of guiding principles and specific details of practice. Curtis, Sheerin, and de Vries (2011) indicated that leadership effectively taught and integrated into nursing academic preparation has had a positive impact on practice. This study found that

those who received specific education related to LGBT/various sexual identities in their formal education were more confident in all areas–cognitive, practical, and affective. However, only 37% of administrators and 25.4% of faculty participants reported having received training related to various sexual identities, in their formal education. Findings from this study may inform this issue in two ways: first, to encourage leadership to include LGBT content within the nursing student's formal education to positively impact practice for LGBT patients; and second, to provide data to nursing academic institutions for the need to expand LGBT educational opportunities to nursing education faculty and administrators.

Nursing education administrators and faculty must be aware of issues involving minority students, nurses, and patients and understand the importance of advocating for these populations (Mason et. al., 2001). Both LGBT nurses and patients are a minority in the healthcare system and experience discrimination similar to that of other minority groups (Kane-Lee, 2012). The results of this study indicated the importance of continuing education in transcultural nursing and cultural competence as well as LGBT educational activities in the place of employment. All TSET subscale areas, cognitive, practical, and affective were influenced in a positive manner by showing that those who experienced continuing education training had higher confidence related to transcultural and LGBT issues compared with those who had not received continuing education training in this area. In addition, research literature emphasized the importance of diversity in the workplace to stimulate improvements, equality, efficiency, and customer satisfaction (Dibble, 2011; Giuffre, Dellinger, & Williams, 2008). Nursing education leaders have the ability to influence content of both continuing education and educational activities and to include transcultural

and LGBT issues. Findings of this study suggested that organizations examine and refine their professional development programs in this area.

Recruitment and retention. LGBT nurse, faculty, and administrator recruitment and retention strategies are important components in meeting healthcare goals, especially for LGBT patients in all healthcare settings (Kane-Lee, 2012; Manojlovich, 2005; Melnyk, & Davidson, 2009; Gardner, 2005; Robinson, 2005; Smolkin, 2011 Kane-Lee, 2012). Sources in the literature identified the need to develop strategies to attract, encourage, educate, and retain minority nurses into faculty and administrative positions (Robinson, 1999). Metz (1997) suggested that addressing heterosexism in ourselves and within institutions is essential to reduce dehumanizing those who are different from the majority culture. Findings from this study indicated that TSET cognitive, practical, and affective scores were higher for those who had continuing education, formal education training, and LGBT educational activities in the place of employment. These findings may assist in developing recruitment and retention strategies by encouraging the inclusion of continuing education and LGBT education within the healthcare organization. LGBT nurses, faculty, and administrators who feel embraced and accepted within their working environments may retain their employment and potentially recruit their LGBT colleagues.

Scholarship. Scholarship in nursing combines theory, research, philosophy, and practice (Meleis, 2007) and is foundational for both nursing education administrators and faculty (Renn, 2010). Hawranik & Thorpe (2008) found that faculty confidence levels are linked to developing quality nursing scholarship. Components of nursing scholarship include discovery, practice, and teaching (Boyer, 1990). A review of nursing literature found a lack

of LGBT content in all components of nursing scholarship (Albarran & Salmon, 2000; Rondahl, Innala, & Carlsson, 2006; Rondahl, 2010; Lim, & Bernstein, 2012).

Scholarship discovery. The scholarship of discovery produces the disciplinary and professional knowledge that is at the very heart of academic pursuits, including theory development (Boyer, 1990). One recommendation for theory development may include uniting nursing theory with concepts of queer theory. As described in Chapter 2, queer theory branches from feminist and LGBT studies and has produced interest from contemporary scholars (Green, 2010). Not only does queer theory propose an enhanced understanding of non-binary sexual identities in higher education but it has potential to be useful in a broader perspective. Queer theory overrides fixed definitions of gender and sexuality limitations and focuses on the human experience (Adams, 2011; Bendl, 2008). This theory may shed light on general problems of access, equity, and leadership, which persist across nursing education (Antrobus & Kitson, 1999; Fish, 2010) and may, in part, be a result of social binary constraints, such as male/female, teacher/learner, leader/follower, and research/practice (Renn, 2010). Further scholarship in theory development has the potential to move nursing education into a new framework utilizing the principles of queer theory.

Scholarship of teaching. The scholarship of teaching produces knowledge to support the transfer of the science and art of nursing from the expert to the novice. Scholarly teaching also supports the development of educational environments that embrace diverse learning (Boyer, 1990). Ashton (2012) and Mazurek et. al (2012) stated that faculty focus on content where they have confidence and neglect content where they lack confidence. Findings from this study showed that nursing faculty had lower TSET affective scores compared to administrators. These findings indicated that faculty participants had less

confidence related to their own personal attitudes, values, and beliefs. Low confidence levels related to LGBT issues among faculty may hinder faculty teaching LGBT content, making this an excellent area for scholarship development in teaching.

Scholarship of application (practice). Practice scholarship encompasses delivery of nursing service, which includes defining health problems of a community (Boyer, 1990). Discrepancies in healthcare and social services as well as public health research have contributed to the marginalization of the LGBT community (Addis et al., 2009). Cultural imposition and cultural blindness may lead to imposing one's own values, beliefs, and practices that contribute to this marginalization (Jeffreys, 2010; Kalayjian, 2010). Like other professions, nursing provides few opportunities related to LGBT education and leadership (Chang, Wang, Li, & Liu, 2011; Dennis, Heaman, & Mossman, 2011; Li, Chen, Hsu, Lin, & Chrisman, 2011; Logsdon, Foltz, Scheetz, & Myers, 2010; Loprinzi & Cardinal, 2011; Sharp & Salyer, 2011; Wu, Lee, Liang, Lu, Wang, & Tung, (2011). Findings from this study indicated that more than half of all participants were either not confident or didn't know if they were confident in providing essential nursing education related to LGBT issues. These study findings may influence nursing practice scholarship by increasing awareness of the lack of faculty confidence in LGBT issues.

Scholarship recommendations. Recommendations for further scholarship activities may also include the following:

- Instrument development for measuring and evaluating LGBT issues within nursing education
- Further development of LGBT/non-binary health and wellbeing
- Polarity/transformational healthcare

- Non-discriminatory practices
- Equality in benefits and health policy
- LGBT community support programming
- Nursing student perceptions related to non-binary sexual identities

Curricular development. Nursing curriculum is developed, maintained, and reinforced by faculty (Gomes & Allen, 2007). There is a lack of LGBT education in nursing curricula, and nursing faculty confidence, perceptions, and attitudes may contribute to this discrepancy (Albarran & Salmon, 2000; Rondahl, Innala, & Carlsson, 2006; Rondahl, 2010; Lim, & Bernstein, 2012). The need for faculty to connect with and understand their confidence level regarding LGBT issues may influence nursing curriculum development. Findings from this study indicated that nursing faculty have overall lower TSET affective scores compared to administrators. This may indicate less confidence related to their personal attitudes, values, and beliefs. This study also found a substantial lack of confidence related to transgender and bisexual issues; thus, it is essential to explore various LGBT components within the scope of faculty curricular training and education. Educators and administrators who work with future nurses should strive to ensure that they foster the development of best practices in LGBT patient care and curricular reform (Lim, Brown, & Jones, 2013).

Study Delimitations

It is necessary for a researcher to place self-imposed restrictions upon the conduct of a research study. These delimitations served to focus the study and provide additional parameters.

This study included only voluntary responses of participants' transcultural self-efficacy and LGBT perceptions at the time the survey instrument was distributed. The study did not account for variations in responses or differences in personal or professional conflicts between nursing education faculty and administrators. This study considered the results of the demographic and TSET data collection given in April of 2013. This study accepted all test results and did not account for variances in the online administration of the survey.

This study was restricted to 535 nursing education administrators and faculty from CCNE accredited nursing academic institutions in Michigan, Wisconsin, Ohio, Illinois, and Indiana. Data were only collected from these participants and cannot be generalized to other regions outside these states. The participants were limited to those who had the following professional titles: dean, associate/assistant dean, tenured, tenured track, affiliate, and adjunct faculty. There was some confusion related to job descriptions that did not fit exactly into the listed titles.

This study did not investigate specific strategies or interventions. Survey results of the TSET were a component of transcultural self-efficacy and may not accurately represent the entire concept. Additionally, the researcher was employed at a Commission on Collegiate Nursing Education (CCNE) accredited nursing institutions in Michigan and chose to remove this school from data collection to prevent bias in participant responses.

There may have been some perceived discord or confusion related to cohesion of the demographic questions and the TSET. The demographic questions contained LGBT/sexual identity content and the TSET contained broader transcultural self-efficacy content. This was also a challenge when measuring some of the correlation data.

The results of TSET scoring attempted to identify confidence levels using quantitative methods. These methods may have limited the exposure of personal human perceptions of self-efficacy and confidence. The pre-set answers may have not reflected how the participants felt about the subject, and participants may have answered with the closest counterpart.

Study Limitations

Study limitations are those elements over which the researcher has no control. Situational contaminants beyond the researcher's control may have influenced the survey results. These could include, but are not limited to, time of day, background noise, setting, complex social environment, temperature, and lighting issues. In addition, response-set bias may have contributed to some participants answering questions in distinctive ways, such as always agreeing with particular content based on perceived expected response rather than an individual's honest answer (Polit, 2010). Transitory personal factors may have been applicable to many individuals in the nursing profession, including temporary states such as being overwhelmed, fatigue, anxiety, exhaustion, and political pressure, which may have influenced their ability to cooperate and be thoughtful and honest.

A 12% survey return rate from the 4374 surveys sent out may have influenced results and infringed on overall results of the entire population being surveyed. Although this return rate was acceptable (n >159), participants who were especially drawn to the topic subject matter may have participated at a higher percentage, skewing the overall results.

The population studied generally scored high on the TSET, making it difficult to identify significant variations. Participants may have decided not to participate in the study

based on the subject matter. Those who held bias related to LGBT issues may have chosen to disregard or abandon the study.

An increase in the number of missing scores was identified as the survey progressed. The data were missing completely at random, indicating that missing data were not related to confidence level but probably to the length of the study (83 TSET items). This study addressed missing data by the most common approach of listwise deletion, which was to run the analyses on remaining data. Missing data did result in a loss of power using this approach.

Recommendations

The absence of professional literature regarding LGBT issues limits holistic-centered care and negatively impacts the nurse-patient caring relationship (Eliason et al., 2010). Although acceptance of the LGBT client is becoming more widespread, nursing still implements distancing behavior, incorporates heterosexual assumptions, and demonstrates a lack of communication effectiveness, often based on insecurity or unawareness (Rondahl, 2009). This study found that an increase in confidence related to LGBT issues was related to completing continuing education, formal education, and educational opportunities in the place of employment. This information is important to help fill gaps in the absence of professional literature regarding LGBT issues and hopes to encourage other professionals to explore this area.

The nursing profession habitually supposes that patients can be cared for with a neutral approach and that their personal attitudes do not affect the nursing/patient interaction (Eliason & Raheim, 2000). The ways that LGBT persons experience medical care, however, suggests the opposite (Albarran & Salmon, 2000; Platzer, 2000; Röndahl, Innala, & Carlsson,

2006). Findings from this study added another dimension by consideration of self-efficacy as an important aspect of the nursing/patient interaction. Further development in this area may benefit professional interaction and potentially improve patient outcomes.

It is essential to note that 39.1% of nursing education faculty and administrators were not confident providing essential nursing education related to gay-male issues and 12.6% answered "don't know" to the question. Study findings indicated that this was true for lesbian issues (37.2%/14.2%), bisexual issues (41.6%/15.2%), and transgendered issues (49.1%/16.0%). This critical issue needs further investigation to meet the needs of LGBT populations who may have received inequitable care within the educational and healthcare systems. Recommendations to address this issue include providing study data to nursing national organizations to communicate this need as a critical issue, facilitation of American Association of Colleges of Nursing (AACN) to include language and non-binary sexual identity issues to nursing practice standards, and publishing study results to focus on inclusive nursing curriculum at every level of nursing education.

Suggestions for Future Research

The goal of transcultural nursing research is to gain in-depth and substantive transcultural knowledge and to evaluate effective, culturally competent nursing leadership, education, practice, and care. A primary focus for transcultural research is to test and disseminate evidence and methods associated with underserved, vulnerable, and/or misunderstood populations, including those of non-binary sexual identities. It is essential to expand research that generates substantive cultural knowledge and insight and that improves healthcare for this population. There is a need for more information regarding study design, instrumentation, and findings especially related to LGBT data collection and problem

identification. Opportunities exist for an increase in experimental designs, such as longitudinal studies to consider relationships over time.

The findings of this study offered implications for future researchers who may be interested in studying transcultural self-efficacy and non-binary sexual identity issues. This study could be replicated in other regions beyond the midwestern United States or in non-Commission on Collegiate Nursing Education (CCNE) academic settings. This study limited the scope of research to nursing education faculty and administrators. Future research could include nursing students or post-graduates who are in the clinical setting.

Qualitative or mixed-methods study could be conducted to investigate a more extensive understanding of both transcultural self-efficacy and non-binary sexual identity issues. A study that seeks deeper understanding on the human element of LGBT students, faculty, administrators, and patients would add additional knowledge on this topic. By way of exploration, academic content in student courses and textbooks could provide substantial empirical data, which was not extracted by this quantitative study.

Knowledge regarding the values, beliefs, and customs surrounding the health status of minority populations is essential, but integrating this knowledge into delivery of actual health care services may be difficult. This challenge has been successfully addressed in initiatives led by minority nurses, which can serve as models of a unique approach to the delivery of culturally competent care (Lee, 2007; Mixer, 2008; Omeri, 2008; Pacquiao, 2008). With further research related to TSET results, minority faculty may assist with initiatives for improving minority health.

Future research might analyze nursing student TSET scores to determine transcultural self-efficacy in relation to students' academic performance. Further analysis might

investigate the specific teaching pedagogy and practices of individual nursing faculty to identify differences in LGBT content distribution. It may also be advantageous to explore from a qualitative perspective, student, faculty, or administrator past experiences related to non-binary sexual identity issues in order to explore preconceived ideas and how this may influence perceptions. In addition, exploration of professional development related to specific continuing education and LGBT educational content in both formal education and professional working environments could be investigated for specific outcome data.

Conclusion

This chapter included a review of the study, a discussion of relevant issues, implications for practice, and recommendations for further research. The importance of encompassing both transcultural nursing and educational leadership related to LGBT/non-binary sexual identity issues became evident in the literature review and study results. Findings indicated that both older and experienced nursing education leaders and faculty have higher levels of transcultural self-efficacy than younger and less experienced faculty, especially in areas reflecting knowledge concerning the ways cultural factors may influence nursing care. Findings demonstrated differences between nursing education administration and faculty, with administrators scoring significantly higher confidence levels than faculty in a number of categories. Findings emphasized the importance of continuing education in transcultural nursing or cultural competency and formal education related to LGBT /various sexual identities by significantly higher TSET scores in those areas.

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APPENDICES

Appendix A– Survey Research Package

Dear Colleagues:

Cultural competency is important in particular as we treat diverse populations such as the LGBT communities (Lesbian, Gay, Bisexual, Transgender/non-binary sexual identities). You are an important component of this research because your input as a nursing administrator/faculty could influence nursing student curriculum, education and thus care.

This study, as a part of my doctoral dissertation at Eastern Michigan University, explores transcultural self-efficacy in nursing education leaders and faculty and is intended to gain meaningful understanding of professional experiences related to LGBT/non-binary sexual identity issues. Specifically, I am trying to determine self-efficacy issues overall and their relationship to LGBT formal education and experiences for nursing education leaders and faculty.

This study is structured for nursing academic leader and/or faculty to complete a simple survey that will take approximately 10-12 minutes and is conducted through the secure site of Survey Monkey. All data collected from participants will be held in utmost confidential and identifying information will be highly protected through Survey Monkey. No identifying information will be released in any manner. Participation is completely voluntary and participants may withdraw from the study at any time without penalty. There is no financial remuneration for participation.

If you are a nursing education leader and/or faculty in an academic institution and are interested in participating in this study, please click the following link:

_____Also, if you know of other nursing academic leaders and/or faculty who may be interested in participating, please feel free to forward this email to them. If you have any questions, please email me at hoyerg@gvsu.edu and I will be happy to answer them. Thank you for your consideration and support.

Sincerely,

Grace Hoyer

Appendix B: GVSU IRB and EMU USHRC Approvals

GRAND VALLEY STATE UNIVERSITY
www.gvsu.edu

Grand Valley State University
Cook-DeVos Center for Health Sciences
301 Michigan, ST. NE
Grand Rapids, MI 49503-3314

Eastern Michigan University EdD student and Grand Valley State University Academic Community Liaison, Grace Hoyer, has approval from the Kirkhof College of Nursing to submit her dissertation proposal through the proper channels of the GVSU Internal Review Board.

I have approved her dissertation proposal entitled, "*Transcultural self-efficacy of nursing education leaders and faculty related to non-binary sexual identities*" and she meets the criteria to move forward with this process.

Dr. Andrea Bostrom PhD PMHCNS-BC
Professor, Kirkhof College of Nursing

Kirkhof College of Nursing • Cook-DeVos Center for Health Sciences
301 Michigan St. NE • Grand Rapids, MI 49503 • Phone: (616) 331-3558 • Fax: (616) 331-2510

Date: 04/04/2013 11:02 AM
To: "Andrea Bostrom" <bostroma@gvsu.edu>, "Cynthia Coviak" <coviakc@gvsu.edu>, "Grace Hoyer" <hoyerg@gvsu.edu>, "Rebecca Davis" <davirebe@gvsu.edu>
From: "Paul Reitemeier" <no-reply@irbnet.org>
Reply To: "Paul Reitemeier" <reitemep@gvsu.edu>
Subject: IRBNet Board Document Published

Please note that Grand Valley State University Human Research Review Committee has published the following Board Document on IRBNet:

Project Title: [224125-1] Transcultural Self-Efficacy of Nursing Education Leaders and Faculty Related to Non-Binary Sexual Identities
Principal Investigator: Grace Hoyer, MSN BSN

Submission Type: New Project
Date Submitted: March 4, 2013

Document Type: Exempt Approval Letter
Document Description: Exempt Approval Letter
Publish Date: April 4, 2013

Should you have any questions you may contact Paul Reitemeier at reitemep@gvsu.edu.

Thank you,
The IRBNet Support Team

www.irbnet.org

EASTERN MICHIGAN UNIVERSITY Education First

March 25, 2013 UHSRC INITIAL APPROVAL

UHSRC#130210 Category: Exempt #2
Approval Date: March 20, 2013

To: Grace Hoyer
Leadership and Counseling

Title: Transcultural Self-Efficacy of Nursing Education Leaders and Faculty Related to Non-Binary Sexual Identities

The Eastern Michigan University Human Subjects Review Committee (UHSRC) has completed their review of your project. I am pleased to advise you that **your research has been deemed as exempt** in accordance with federal regulations.

The UHSRC has found that your research project meets the criteria for exempt status and the criteria for the protection of human subjects in exempt research. **Under our exempt policy the Principal Investigator assumes the responsibility for the protection of human subjects** in this project as outlined in the assurance letter and exempt educational material.

Renewals: Exempt protocols do not need to be renewed. If the project is completed, please submit the **Human Subjects Study Completion Form** (found on the UHSRC website).

Revisions: Exempt protocols do not require revisions. However, if changes are made to a protocol that may no longer meet the exempt criteria, a **Human Subjects Minor Modification Form** or new **Human Subjects Approval Request Form** (if major changes) will be required (see UHSRC website for forms).

Problems: If issues should arise during the conduct of the research, such as unanticipated problems, adverse events, or any problem that may increase the risk to human subjects and change the category of review, notify the UHSRC office within 24 hours. Any complaints from participants regarding the risk and benefits of the project must be reported to the UHSRC.

Follow-up: If your exempt project is not completed and closed after three years, the UHSRC office will contact you regarding the status of the project and to verify that no changes have occurred that may affect exempt status.

Please use the UHSRC number listed above on any forms submitted that relate to this project, or on any correspondence with the UHSRC office.

Good luck in your research. If we can be of further assistance, please contact us at 734-487-0042 or via e-mail at gs_human_subjects@emich.edu. Thank you for your cooperation.

Sincerely,

Jennifer K. Fritz

Dr. Jennifer Kellman Fritz
Administrative Chair
University Human Subjects Review Committee

University Human Subjects Review Committee · Eastern Michigan University · 200 Boone Hall
Ypsilanti, Michigan 48197 Phone: 734.487.0042 Fax: 734.487.0050
E-mail: human.subjects@emich.edu www.ord.emich.edu (see Federal Compliance)
The EMU UHSRC complies with the Title 45 Code of Federal Regulations part 46 (45 CFR 46) under FWA00000050.

Appendix C: Nursing Education Leader and Faculty Transcultural Self-Efficacy Tool

Nursing Education Leader and Faculty Transcultural Self-Efficacy Tool

Informed Consent

INVITATION: I understand I am being invited to participate in a research study as a nursing educational leader and/or faculty of nursing students in order for the principle investigator to obtain information associated with transcultural self-efficacy.

PURPOSE: The title and purpose of this study is to explore transcultural self-efficacy (confidence) in nursing education leaders and faculty and to consider to non-binary sexual identity issues.

PARTICIPANT SELECTION: 4374 nursing education leaders and faculty participants have been identified throughout the Midwestern states.

PROCEDURES: The study is presented as an online survey through SurveyMonkey and consists of 9 demographic and 83 scale rated statements. Your participation in this study will last approximately 10-12 minutes. Please note that this is NOT A TEST and. THERE ARE NO RIGHT OR WRONG ANSWERS. The primary investigator asks that you answer each question as honestly and as accurately as possible. There is NO out of pocket cost to participants and NO payment for participation in this study.

POTENTIAL BENEFITS: Your participation may be helpful to society as well as providing a sense of fulfillment for yourself. Participation in this study may guide and assist nursing curriculum development, scholarship, and insight into transcultural self-efficacy and issues related to various sexual identities.

RISKS/DISCOMFORTS: There are no identifiable risks to you from participating in this study. Participants may choose not to answer any questions without penalty. You should be aware that although the information you provide is anonymous, there is a remote chance that skilled, knowledgeable persons unaffiliated with this research project could track the information you provide however, your personal identity cannot be determined.

CONFIDENTIALITY: All study data will be stored in a password protected electronic format and identifying information such as name and IP address will not be collected. All the information collected from you or about you will be kept confidential to the fullest extent allowed by law. In very rare circumstances specially authorized university or government officials may be given access to our research records for purposes of protecting your rights and welfare. Results of the study may be used in professional publications or presentations without any personal identifying information.

VOLUNTARY PARTICIPATION: I understand that participation in this research study is completely voluntary. I may choose not to participate, disregard any question, or withdraw at any time without penalty. This study is a component of the primary investigator's educational leadership doctoral degree program through Eastern Michigan University (EMU).

OFFER TO ANSWER QUESTIONS: This research study has been reviewed by Eastern Michigan University and Grand Valley State University's (GVSU) IRB procedures for research involving human subjects.

The principle investigator's name is Grace Hoyer and can be contacted at any time during the study by e-mail (hoyerg@gvsu.edu) or phone (616-331-5781) for questions or concerns. The faculty advisor is Dr. Ronald Williamson, Ed.D, Professor in the Leadership and Counseling department at Eastern Michigan University.
Questions regarding the approval process can be addressed by calling the UHSRC chair or emailing human.subjects@emich.edu for an EMU contact and Research Protections Office at Grand Valley State University, Grand Rapids, MI. Phone: 616-331-3197, e-mail: hrrc@gvsu.edu or 616.331.3197 for a GVSU contact.

STUDY RESULTS: If you wish to learn about the results of this research study you may request that information by contacting: Grace Hoyer @ hoyerg@gvsu.edu or 616-331-5781. The study will be concluded by May 31, 2013.

Agreement

Nursing Education Leader and Faculty Transcultural Self-Efficacy Tool

Clicking on the "agree" button below indicates that:

- The details of this research study are understood.
- I understand what I am being asked to do and the anticipated risks and benefits.
- I have information on how to have my questions answered and may ask questions at any time
- I am voluntarily agreeing to participate in the research as described on this form
- I may quit participating at any time without penalty.
- I am encouraged to make a copy of this document for my records.
- I am at least 20 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" butto

1. Please select one:

- ◯ Agree
- ◯ Disagree

Demographics

1. Age

- ◯ Under 20
- ◯ 20-29
- ◯ 30-39
- ◯ 40-49
- ◯ 50-59
- ◯ 60 and older

2. Which of the following best describes you (more than one answer allowed)?

- ☐ Gay
- ☐ Lesbian
- ☐ Straight
- ☐ Transgendered
- ☐ Bisexual
- ☐ Specify any other identity

3. What is your PRIMARY role?

- ◯ Dean
- ◯ Assistant/Associate Dean
- ◯ Tenured Faculty
- ◯ Tenured Track Faculty
- ◯ Visiting/Affiliate Faculty
- ◯ Adjunct Faculty
- ◯ Please specify if not listed above

Nursing Education Leader and Faculty Transcultural Self-Efficacy Tool

4. In the academic nursing institution in which you are employed, would you consider yourself PRIMARILY:

- ◯ Administration
- ◯ Faculty

5. Have you ever completed continuing education units (CE) in transcultural nursing or cultural competency?

◯ Yes ◯ No ◯ Don't know

6. Did you receive specific education related to lesbian, gay, bisexual, transgendered, or various sexual identities in your FORMAL education?

◯ Yes ◯ No ◯ Don't know/recall

7. Have you participated in specific educational opportunities related to lesbian, gay, bisexual, transgendered, or various sexual identities in your place of employment?

◯ Yes ◯ No ◯ Don't know

8. Are you CONFIDENT providing essental nursing education related to:

	Yes	No	Don't know
Gay-male issues	◯	◯	◯
Lesbian issues	◯	◯	◯
Bisexual issues	◯	◯	◯
Transgender issues	◯	◯	◯

9. Are you CONFIDENT discussing LGBT issues with the management team at your academic organization?

- ◯ Yes
- ◯ No
- ◯ Don't know

10. To what degree are LGBT issues considered when significant decisions are made in your academic organization?

Very important	Somewhat important	No different than other groupings	Slightly	Not at all
◯	◯	◯	◯	◯

Part I

Among clients of different backgrounds, how knowledgeable are YOU about the ways cultural factors may influence

Nursing Education Leader and Faculty Transcultural Self-Efficacy Tool

nursing care? Please use the following scale and mark your responses accordingly.

1. You KNOW AND UNDERSTAND the ways cultural factors may influence NURSING CARE in the following areas:

	Not Confident	2	3	4	5	6	7	8	9	Totally Confident
health history and interview	○	○	○	○	○	○	○	○	○	○
physical exam	○	○	○	○	○	○	○	○	○	○
informed consent	○	○	○	○	○	○	○	○	○	○
health promotion	○	○	○	○	○	○	○	○	○	○
illness prevention	○	○	○	○	○	○	○	○	○	○
health maintenance	○	○	○	○	○	○	○	○	○	○
health restoration	○	○	○	○	○	○	○	○	○	○
safety	○	○	○	○	○	○	○	○	○	○
exercise and activity	○	○	○	○	○	○	○	○	○	○
pain relief and comfort	○	○	○	○	○	○	○	○	○	○
diet and nutrition	○	○	○	○	○	○	○	○	○	○
patient teaching	○	○	○	○	○	○	○	○	○	○
hygiene	○	○	○	○	○	○	○	○	○	○
anxiety and stress reduction	○	○	○	○	○	○	○	○	○	○
diagnostic tests	○	○	○	○	○	○	○	○	○	○
blood tests	○	○	○	○	○	○	○	○	○	○
pregnancy	○	○	○	○	○	○	○	○	○	○
birth	○	○	○	○	○	○	○	○	○	○
growth and development	○	○	○	○	○	○	○	○	○	○
aging	○	○	○	○	○	○	○	○	○	○
dying and death	○	○	○	○	○	○	○	○	○	○
grieving and loss	○	○	○	○	○	○	○	○	○	○
life support and resuscitation	○	○	○	○	○	○	○	○	○	○
sexuality	○	○	○	○	○	○	○	○	○	○
health care access	○	○	○	○	○	○	○	○	○	○

Part II

RIGHT NOW, how confident are YOU about interviewing clients of different cultural backgrounds to learn about their values and beliefs?

Nursing Education Leader and Faculty Transcultural Self-Efficacy Tool

1. Rate your degree of confidence or certainty for each of the following interview topics. Please use the scale below and mark your response accordingly.

	Not Confident	2	3	4	5	6	7	8	9	Totally Confident
language preference	○	○	○	○	○	○	○	○	○	○
level of English comprehension	○	○	○	○	○	○	○	○	○	○
meaning of verbal communication patterns	○	○	○	○	○	○	○	○	○	○
meaning of nonverbal behaviors	○	○	○	○	○	○	○	○	○	○
meanings of space and touch	○	○	○	○	○	○	○	○	○	○
time perception and orientation	○	○	○	○	○	○	○	○	○	○
racial background and identity	○	○	○	○	○	○	○	○	○	○
ethnic background and identity	○	○	○	○	○	○	○	○	○	○
socioeconomic background	○	○	○	○	○	○	○	○	○	○
religious background and identity	○	○	○	○	○	○	○	○	○	○
educational background and interests	○	○	○	○	○	○	○	○	○	○
religious practices and beliefs	○	○	○	○	○	○	○	○	○	○
acculturation	○	○	○	○	○	○	○	○	○	○
world view (philosophy of life)	○	○	○	○	○	○	○	○	○	○
attitudes about health care technology	○	○	○	○	○	○	○	○	○	○
ethnic food preferences	○	○	○	○	○	○	○	○	○	○
role of elders	○	○	○	○	○	○	○	○	○	○
role of children	○	○	○	○	○	○	○	○	○	○
financial concerns	○	○	○	○	○	○	○	○	○	○
traditional health and illness beliefs	○	○	○	○	○	○	○	○	○	○
folk medicine tradition and use	○	○	○	○	○	○	○	○	○	○
gender role and responsibility	○	○	○	○	○	○	○	○	○	○
acceptable sick role behavior	○	○	○	○	○	○	○	○	○	○
role of family during illness	○	○	○	○	○	○	○	○	○	○

Nursing Education Leader and Faculty Transcultural Self-Efficacy Tool

discrimination and bias experience	○	○	○	○	○	○	○	○	○	○
home environment	○	○	○	○	○	○	○	○	○	○
kinship ties	○	○	○	○	○	○	○	○	○	○
aging	○	○	○	○	○	○	○	○	○	○

Part III

Please rate YOUR degree of confidence for each of the following items.

Use the following scale and mark your responses accordingly.

1. About yourself,

you are AWARE OF:

	Not Confident	2	3	4	5	6	7	8	9	Totally Confident
YOUR OWN cultural heritage and belief system	○	○	○	○	○	○	○	○	○	○
YOUR OWN biases and limitations	○	○	○	○	○	○	○	○	○	○
differences within YOUR OWN cultural group	○	○	○	○	○	○	○	○	○	○

2. Among clients of different cultural backgrounds,

You are AWARE OF:

	Not Confident	2	3	4	5	6	7	8	9	Totally Confident
insensitivities and prejudicial treatment	○	○	○	○	○	○	○	○	○	○
differences in perceived role of the nurse	○	○	○	○	○	○	○	○	○	○
traditional caring behaviors	○	○	○	○	○	○	○	○	○	○
professional caring behaviors	○	○	○	○	○	○	○	○	○	○
comfort and discomfort felt when entering a culturally different world	○	○	○	○	○	○	○	○	○	○
interaction between nursing, folk, and professional systems	○	○	○	○	○	○	○	○	○	○

Nursing Education Leader and Faculty Transcultural Self-Efficacy Tool

discrimination and bias experience	○	○	○	○	○	○	○	○	○	○
home environment	○	○	○	○	○	○	○	○	○	○
kinship ties	○	○	○	○	○	○	○	○	○	○
aging	○	○	○	○	○	○	○	○	○	○

Part III

Please rate YOUR degree of confidence for each of the following items.

Use the following scale and mark your responses accordingly.

1. About yourself,

you are AWARE OF:

	Not Confident	2	3	4	5	6	7	8	9	Totally Confident
YOUR OWN cultural heritage and belief system	○	○	○	○	○	○	○	○	○	○
YOUR OWN biases and limitations	○	○	○	○	○	○	○	○	○	○
differences within YOUR OWN cultural group	○	○	○	○	○	○	○	○	○	○

2. Among clients of different cultural backgrounds,

You are AWARE OF:

	Not Confident	2	3	4	5	6	7	8	9	Totally Confident
insensitivities and prejudicial treatment	○	○	○	○	○	○	○	○	○	○
differences in perceived role of the nurse	○	○	○	○	○	○	○	○	○	○
traditional caring behaviors	○	○	○	○	○	○	○	○	○	○
professional caring behaviors	○	○	○	○	○	○	○	○	○	○
comfort and discomfort felt when entering a culturally different world	○	○	○	○	○	○	○	○	○	○
interaction between nursing, folk, and professional systems	○	○	○	○	○	○	○	○	○	○

Nursing Education Leader and Faculty Transcultural Self-Efficacy Tool

5. You RECOGNIZE:

	Not Confident	2	3	4	5	6	7	8	9	Totally Confident
inadequacies in the U.S. health care system	○	○	○	○	○	○	○	○	○	○
importance of home remedies and folk medicine	○	○	○	○	○	○	○	○	○	○
impact of roles on health care practices	○	○	○	○	○	○	○	○	○	○
impact of values on health care practices	○	○	○	○	○	○	○	○	○	○
impact of socioeconomic factors on health care practices	○	○	○	○	○	○	○	○	○	○
impact on political factors on health care practices	○	○	○	○	○	○	○	○	○	○
need for cultural care preservation/maintenance	○	○	○	○	○	○	○	○	○	○
need for cultural care accommodation/negotiation	○	○	○	○	○	○	○	○	○	○
need for cultural care repatterning/restructuring	○	○	○	○	○	○	○	○	○	○
need to prevent ethnocentric views	○	○	○	○	○	○	○	○	○	○
need to prevent cultural imposition	○	○	○	○	○	○	○	○	○	○

6. You ADVOCATE:

	Not Confident	2	3	4	5	6	7	8	9	Totally Confident
client's decisions based on cultural beliefs	○	○	○	○	○	○	○	○	○	○
cultural-specific care	○	○	○	○	○	○	○	○	○	○

Thank you

Thank you for your participation.