EMBEDDING LGBTQI+ COMPETENCY INTO NURSING EDUCATION: FORMATIVE EVALUATION OF AN INTERDISCIPLINARY PROJECT

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ABSTRACT

Background: *In order to avoid perpetuating inequities faced by lesbian, gay, bisexual, transgender, queer, intersex, and other minority (LGBTQI+) communities, future nurses need to recognize and resist discriminatory, oppressive, heteronormative and cisnormative health and social systems.*

Objectives: *To share the development, embedding, and formative evaluation of an interdisciplinary project to improve LGBTQI+ health content across an undergraduate nursing curriculum.*

Methods*: This paper describes a collaborative interdisciplinary project to embed LGBTQI+ health content across a 3-year undergraduate nursing degree. An anonymous cross-sectional online survey was sent to 87 student nurses enrolled in the final semester of their undergraduate degree. The survey included six Likert scale-type questions and five open-ended questions. Qualitative data were analyzed by inductive, reflexive thematic analysis.*

Results: *Most students rated the topic relevant 'extremely' relevant (77%) to nursing. Students' self-reported comfort discussing LGBTQI+ health in class varied from 'extremely' (42%) through to 'not at all' (6%). Thematic analysis of student responses to open-ended questions identified five themes: (1) Becoming aware of LGBTQI+ diversity; (2) Personal values and beliefs; (3) Learning in order to improve clinical encounters; (4) Inconsistency and a lack of incorporation across the curriculum; and (5) (Dis)comfort in the learning environment.*

Conclusions: *Opportunities to better embed LGBTQI+ competency included clear acknowledgement of wider systems of power and oppression, integration and consistent modeling by nursing faculty, and linkage of content to other equity issues to address the intersectional nature of inequities.*

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1. INTRODUCTION

This interdisciplinary project aims to improve LGBTQI+ competence by weaving content about LGBTQI+ health across the three years of an undergraduate nursing degree, replacing one-off lectures delivered by guest speakers with embedded, relevant content at every level taught by nursing faculty who coordinate and deliver the material.

One of the challenges in teaching LGBTQI+ competence is acknowledging the limitations of framing “LGBTQI+” as a western identity paradigm that centres whiteness while attempting to reference a diversity of genders, sexualities, and variations of sex characteristics. The authors are using LGBTQI+ here as a placeholder that is inclusive of (and not limited to) lesbian, gay, bisexual, transgender, queer, intersex, non-binary, takatāpui, and the range of ways that people in this region of the Pacific may describe their gender, sexuality, or self. We acknowledge that terms such as takatāpui (Māori), fa’afafine (Samoan), fakaleiti (Tongan) and mahu (Hawaiian) do not simply translate into western equivalents because they emerge from their own specific history and context (Kerekere, 2017).

One of the goals of this project is to encourage nursing students to move beyond memorizing a list of identity terms, to recognize that any framing of identity (including in relation to gender, sexuality, and variations of sex characteristics) is inherently culturally and temporally specific. We recognize that the medical system in New Zealand, as in many other western contexts, operates on the assumption that white ways of understanding personhood or health are universal while positioning all other understandings as "cultural" perspectives (Curtis et al., 2019). We also understand that challenging the ubiquity of white culture is a necessary part of cultural safety in nursing practice (Kurtz et al., 2018).

1.1 Context and positionality

Despite some improvements in social attitudes and legal protections, LGBTQI+ people continue to experience stigma, discrimination, and minority stress. LGBTQI+ people in New Zealand experience higher rates of psychological distress, self-harm, suicide, substance use, and social isolation than the general population (Tan et al., 2021). LGBTQI+ people are more likely than

the general population to become victims of crime, face physical and sexual violence, and experience discrimination and bullying at school, in the workplace, and online. Transgender, non-binary, and intersex New Zealanders also face institutional discrimination, such as difficulty correcting official identity records. Social stigma, marginalization, and discrimination, as opposed to LGBTQI+ identity, are risk factors for poor health outcomes (New Zealand Human Rights Commission, 2020).

Weitzel et al. (2020) argue that nurses have a moral and ethical mandate to deconstruct, resist, and address the ongoing structural violence and oppression of minority populations, including LGBTQI+ people. Inadequate healthcare for LGBTQI+ patients often stems from a cis/heteronormative culture and poor education and knowledge about LGBTQI+ health issues (Stewart and O'Reilly, 2017). For decades, scholars have noted the gap in nursing curricula regarding LGBTQI+ health (McCann and Brown, 2018; Webb and Askham, 1987). One United States study reported the median time devoted to teaching LGBTQI+ health was a mere 2.12 hours (Lim et al., 2015). Another study suggested over a quarter of undergraduate nursing degrees lacked any discussion of sexuality (Aaberg, 2016). Both studies noted a lack of faculty knowledge and confidence as a critical barrier. Nursing education textbooks often have limited LGBTQI+ content and contain heteronormative and cisnormative perspectives (De Guzman et al., 2018; Ray King et al., 2021).

The absence of LGBTQI+ content from nursing school curricula signals to students that this content is not essential and that a person’s gender identity and sexual orientation do not matter for their healthcare (Rickards, 2019). While simple, one-off LGBTQI+ education sessions may improve health practitioners' knowledge and confidence in the short term, evidence suggests this may not have a lasting impact on practice (McCann and Brown, 2018; McEwing, 2020; Sekoni et al., 2017).

Numerous health education researchers have concluded that LGBTQI+ content should be embedded throughout training (e.g. Encandela et al., 2019; Nowaskie and Patel, 2020). Integration by nursing faculty throughout the degree also signals that LGBTQI+ competence is fundamental to nursing care and not confined to a 'special interest' topic (Walker et al., 2016). This project is undertaken by a team of people with a range of LGBTQI+ health expertise. We work as advocates, researchers, nurses, policy writers, educators, and community organizers. Some of us are transgender or non-binary, some are cisgender, and some are lesbian, bisexual,

and/or queer. Some of us are motivated by family connections to LGBTQI+ communities. We have a mix of clinical and non-clinical perspectives and a range of disciplinary backgrounds, including nursing, psychology, anthropology, sociology, community development and leadership, suicide prevention, and LGBTQI+ health education. Our cultural backgrounds are somewhat varied and inclusive of Māori whakapapa (lineage) and Indian ethnicity, with the majority of authors being Pākehā who whakapapa to England, Ireland, Scotland and Wales. Some of us have been doing this work for decades. Others are relatively new to the context of LGBTQI+ competence and how it relates to nursing practice. We share a commitment to improving education for nurses in New Zealand because this will result in better outcomes for LGBTQI+ populations and because it is our responsibility to enable culturally safe nursing for Māori populations as part of our commitment to Te Tiriti o Waitangi (1840).

We also note that the Nursing Council of New Zealand outlines competencies for Registered Nurses, and there are clear connections to LGBTQI+ competence within the wider competency framework. This is often in relation to cultural safety, e.g. Registered nurses Competency 1.5: “Practises nursing in a manner that the health consumer determines as being culturally safe,” for which one of the indicators is “Reflects on their own practice and values that impact on nursing care in relation to the health consumer’s age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability” (Nursing Council of New Zealand, 2007).

The curriculum thread outlined in Table 1 shows a progression of learning that begins with self-reflection, moves through interpersonal relating/conversational skills, emphasizes depathologization and minority stress, touches on intersectionality, and arrives at an expectation of systemic advocacy to improve services for LGBTQI+ people.

1.1 Aim

This paper aims to share the development, embedding and formative evaluation of an interdisciplinary project integrating LGBTQI+ competence into an undergraduate nursing curriculum.

2. METHOD

2.1 Setting

European colonization in the Pacific disrupted the widespread acceptance of LGBTQI+ people among Pacific cultures, including in Māori society. Although initial colonial laws stripped LGBTQI+ people of their human rights, there has been increasing societal acceptance and legal affirmation of LGBTQI+ rights in New Zealand over the past few decades. The Human Rights Act (New Zealand Government, 1993) prohibits discrimination on the grounds of sex and sexual orientation, but LGBTQI+ New Zealanders continue to report stigma and discrimination (New Zealand Human Rights Commission, 2020). New Zealand health services also must uphold Te Tiriti o Waitangi (1840), which enshrines Māori rights to good governance, equity, and self-determination (Reid, 2011).

All New Zealand programs preparing students for nursing registration must meet the Nursing Council of New Zealand's (2021) Registered Nursing Education Programme Standards. Whilst these standards do not specifically mention LGBTQI+ health, the Nursing Council of New Zealand's most recent strategic plan includes consideration of gender identity and sexuality, as one of its priorities (Nursing Council of New Zealand, 2022). This study took place at New Zealand's highest-ranked university for the subject of nursing (Quacquarelli Symonds Limited, 2021), where most students enroll in the competitive-entry three-year undergraduate degree directly from high school. School-based sexuality education is compulsory in New Zealand but rarely includes LGBTQI+ perspectives (Ellis and Bentham, 2020).

2.2 Developing the curriculum thread

LGBTQI+ health was introduced into the Bachelor of Nursing curriculum in 2013 when a standalone lecture was delivered by a guest speaker with LGBTQI+ expertise and lived experience. In 2016 an interprofessional team set out to improve cultural safety and diversity-informed care, including consideration of LGBTQI+ health in the curriculum.
Following a half-day workshop facilitated by LGBTQI+ education experts, second-year student nurses completed a survey and focus groups identifying perceptions of this content and its place in the nursing curriculum. Students expressed a need for more information and an improved understanding of LGBTQI+ health. Students recommended including a workshop on LGBTQI+ health in the first year of study that links this content to other concepts such as cultural safety, diversity, health disparities, human rights, legal issues, social services, and communication skills. Student nurses recommended building on these concepts throughout the nursing degree, using various teaching modalities, whilst facilitating a safe learning environment.

2.3 Embedding the curriculum thread

Embedding LGBTQI+ health content across all three years of the Bachelor of Nursing degree is an ongoing collaborative effort between nursing faculty and expert consultants from Te Ngākau Kahukura. Te Ngākau Kahukura is a national systems change initiative that works to make communities and environments more safe and inclusive for LGBTQI+ people across New Zealand. The team at Te Ngākau Kahukura have extensive experience as advocates, educators, and published researchers in fields such as trans health and gender-affirming healthcare, rainbow community development, rainbow suicide prevention and mental health (Clunie, 2021; Oliphant et al., 2018). Team members from Te Ngākau Kahukura provided advice, ideas, and teaching resources, but perhaps most importantly, they provided coaching and encouragement to existing nursing faculty involved in embedding LGBTQI+ health content. Our approach was informed by the principles of action research in education (Elliot, 1991). Rather than a one-off planned curriculum intervention, the content was developed incrementally in multiple formative cycles of planning, acting, observing and reflecting (Manfra, 2019). This approach allowed us to adapt to faculty turnover and the significant disruption of COVID lockdowns. In addition to dedicated sessions, faculty developed case studies, exam and assignment questions and reviewed and revised other learning materials to improve inclusive language and build competence in working with LGBTQI+ people. Table 1 summarizes the scaffolding of learning through all three years of the Bachelor of Nursing degree.

[Table 1: LGBTQI+ competency curriculum thread]

From 2019-to 2021, LGBTQI+ competency was woven throughout the curriculum and facilitated by existing nursing faculty to convey that LGBTQI+ health is a core and fundamental aspect of health professional expertise (Walker et al., 2016). Dedicated sessions included a mix of in-class and emergency remote learning (via Zoom) due to nationwide and regional COVID lockdowns. Our pedagogical priorities include encouraging self-reflection and supporting students to recognize and resist heteronormative and cisnormative assumptions, in line with norm-critical pedagogy (Tengelin et al., 2020). Table 2 outlines this pedagogical approach and provides examples of learning activities.

[Table 2: Pedagogical approach]

2.4 Evaluating the curriculum thread

2.4.1 Design

LGBTQI+ competency was integrated throughout the curriculum between 2016 and 2021. In late 2021, the research team conducted a formative evaluation of the project to learn about student perceptions, reflections, and recommendations for LGBTQI + health content. A cross-sectional online survey was presented in Qualtrics (Provo, UT). In order to protect student participant anonymity, no demographic data were obtained. The initial research design also included student focus groups to gain more in-depth feedback. Unfortunately, focus groups were not possible due to the suspension of research activities and disruption to nursing students' classes, clinical placements, and overall wellbeing due to COVID-19.

2.4.2 Participants

The recruitment population comprised all 87 Bachelor of Nursing students enrolled in their final semester at a single, publicly-funded New Zealand university. Participants needed to answer an initial screening question to ensure only students who belonged to the above population sample were able to participate. There were no other eligibility requirements.

2.4.3 Survey instrument

The research team designed a brief survey instrument adapting questions developed and piloted at the beginning of this project in 2016. Quick and easy completion was a priority for busy nursing students, so questions were limited to six Likert scale-type statements answered with a digital slider (See Figure 1) and five simple open-ended questions (See Table 3).

2.4.4 Recruitment and data collection

Recruitment and data collection took place in July 2021. A research assistant who was neither a faculty member nor a team member on this research project invited students to participate and circulated a paper flier during class. No compensation or incentives were offered and students were assured that their participation or non-participation would not affect their grades. Recruitment information was also provided electronically to students via their online learning platform. Students could scan a printed QR code or click on a digital link to complete the online survey.

2.4.5 Data analysis

Free-text responses were analyzed using inductive, reflexive thematic analysis, as described by Braun and Clarke (Braun and Clarke, 2021). Analysis was underpinned by a critical realist lens (McEvoy and Richards, 2016) and primarily undertaken by SS, [a public health & anthropology graduand]. Initially, SS spent time becoming familiar with the data and noting interesting features before iteratively coding and re-coding all responses (Braun and Clarke, 2013). Codes were developed into potential themes and then re-checked against the original data and codes in a series of analysis review meetings with the principal investigator - an experienced qualitative researcher (NA). All other team members were invited to contribute feedback on thematic development during the initial coding, defining and naming themes and write-up of findings. Quantitative data were exported to an Excel spreadsheet, and incomplete responses (< 50% of questions answered) were excluded from the data set. Descriptive statistics were calculated for Likert Scale question responses, which are also visualized in a stacked bar graph (See Figure 1).

3. FINDINGS

In a class of 87 students, 41 started the online questionnaire (response rate = 47.2%). Ten responses were incomplete, leaving 31 online surveys in the data set. As shown in Figure 1, students found inclusion of gender diversity, sexual orientation and sex characteristics relevant to nursing (Extremely = 77%, A Lot = 16%, Neutral = 3%, A Little = 3%) and most found their learning as a student nurse was useful (Extremely = 32%, A Lot = 29%). Although comfort with talking about LGBTQI+ health in class was also high overall (Extremely = 42%, A Lot = 32%) a notable few participants reported that they were Not At All (6%) comfortable. Levels of reported preparedness for practice were mostly high (Extremely = 39%, A Lot = 39%) but also covered the full scale range (A Little = 10%, Not At All = 10%).

[Figure 1: Likert Scale Question Responses]

Table 3 outlines the open-ended questions with corresponding 'key phrases' for each. As open-ended survey responses were often concise, these phrases are provided with each illustrative response to give the context of the prompting question.

[Table 3: Open-ended Questions and Key Phrases]

Five key themes were developed through thematic analysis, as outlined in Table 4, and described below.

[Table 4: Key Themes, Subthemes, and Illustrative Quotes]

Theme 1: Becoming aware of LGBTQI+ diversity

For at least six participants, the most important or useful thing they had learnt was that people with diverse gender identities, sexual orientations and sex characteristics exist. The most significant learning for these participants was at the basic level of increasing awareness these differences and normalizing this diversity.

> *There are more than two genders and a lot more sexualities (Most Important, #31)*

> *Normalizing diversity and learning about different identities (Most Useful, #7)*

Theme 2: Personal values and beliefs

Many participants' responses focused on application-oriented learning. For example, this theme of 'Personal values and beliefs' captures how several participants turned their gaze onto themselves and recognized their responsibility to develop certain values and address their personal beliefs. Several participants' responses explored the importance of being accepting and respectful of diverse people, as well as non-judgmental.

> *Important to respect sexual diversity and have a conversation with patients without using judgmental words or behaviours. (Most Important, #14)*

Four participants highlighted the need to avoid making assumptions. Two others discussed the importance of seeing people as unique and understanding that people can be uniquely affected

by the same thing.

> *To avoid making assumptions about people's lives (Most Important, #28)*

> *Reinforcements about the fact that our population is unique and there is no ever one size fits all to life. (Most Important, #12)*

Three participants recognized their responsibility to manage their beliefs, two of whom highlighted the need to adjust their biases and attitudes. Two students also discussed the value of humility and correcting yourself after making mistakes.

> *How to separate my beliefs from my practice (Most Important, #24)*

> *How to approach such conversations in a non-judgmental manner and being able to recognize any underlying biases I may have previously had and combating these with what I have learnt over the 3 years of placement. (Most Important, #13)*

> *It is ok to be wrong and corrected but not ok to continue with the same error. Unlearn unhealthy attitudes. (Most Useful, #31)*

Theme 3: Learning in order to improve clinical encounters

Most participants appeared to be driven by a desire to improve interpersonal-level clinical encounters for LGBTQI+ patients. Many participants highlighted the importance of delivering better care, facilitating effective therapeutic relationships, and creating safe environments for patients.

> *To facilitate an open, welcoming relationship where the individual feels comfortable being themselves. (Most Important, #25)*

The most important or useful learning tended to be characterized as such because of its applicability to clinical encounters with LGBTQI+ patients.

> *I felt that it was important to recognize & discuss this topic as many individuals are unaware of the complexities that this can add while accessing healthcare, overall I felt like it was an important topic to discuss as no matter our setting we will encounter LGBT+ patients (Most Important, #8)*

A significant portion of participants' responses also focused on the development of LGBTQI+ health-specific skills and knowledge for use as future nurses working in clinical settings. For example, the most important and/or useful things participants learnt were how to ask questions, how to respond to disrespectful people (including colleagues) and use of correct identity terms (e.g. pronouns).

> *How to normalize including it in our conversations to provide better care (asking peoples pronouns etc.) (Most Useful, #19)*

> *Possible ways to approach a situation in which a colleague is being disrespectful (Most Useful, #11)*

Several participants wanted to learn more about LGBTQI+ health, including the use of neopronouns and knowledge about specific groups within the LGBTQI+ community (e.g. intersex people).

> *It would be good to learn more about/normalize the use of various pronouns as well as learn about how dysmorphia can affect patient perceptions of themselves and their behaviors. (Learn More About, #16)*

> *I think it would've been wonderful to go into more depth about discussing LGBT+ issues more in depth, such as domestic violence within same-sex relationships & how intersex individuals have been treated by the health system. (Learn More About, #8)*

In addition, multiple participants placed a high value on learning such content from first-hand, lived experience. Four participants indicated a desire to be taught by someone who identifies as LGBTQI+.

> *I think it needs to be incorporated more throughout the entire programme. And taken by someone younger/a person who is actually a part of the LGBT+ programme. It's easy for lectures to talk about the topic based on research, but it's not their lived experience and I feel like we're missing a massive perspective (Barriers, #23)*

Theme 4: Inconsistency and a lack of incorporation across the Bachelor of Nursing

Several participants identified inconsistent acknowledgement of LGBTQI+ competency across the degree. Students had noted when nursing faculty members failed to model or support inclusive language use.

> *Sometimes it feels like sex, gender and sexual diversity is focused specifically on the lectures involving that content and then forgotten about throughout other classes. e.g lecturers tend to inadvertently use a lot of gendered terms like always referring to a nurse as female when there's male and non-binary students present in the class as well. Same with patient examples given which tend to only be male or female. (Barriers, #16)*

> *Inconsistencies in lecturers' attitudes - some lecturers have told people to stop being as politically correct when referring to peoples preferred pronouns which misaligned with their assigned at birth sex. (Barriers, #19)*

Theme 5: (Dis)comfort in the learning environment

There was divergence in comments addressing comfort levels within the learning environment. Several students had their 'guards up' and were unwilling to express personal views and/or felt uncomfortable about statements made by other students.

> *I didn't feel like I could share about the world view I grew up in for fear of being judged (Barriers, #24)*

In contrast, two participants praised the learning environment as inviting, respectful, and comforting, which demonstrates that a range of comfort levels can be experienced within the same learning environment.

> *I really like how [Nursing faculty] are the main lecturers delivering this topic! They make it a really comforting environment and their passion for it is very evident (Additional Feedback, #13)*

4. DISCUSSION

The purpose of this research was to assess progress and opportunities for improvement in embedding LGBTQI+ competence into an undergraduate nursing curriculum. Key findings

highlight increased student awareness of LGBTQI+ health and their personal positioning on this topic. Students also demonstrated a desire to apply their learning to future clinical encounters. The Nursing Council of New Zealand (2007) evaluates nursing practice through performance indicators of specific competencies. Nursing preparatory education and assessment often centers on applying knowledge and skills to specific clinical encounters (Nursing Council of New Zealand, 2021). Accordingly, student nurses at this early stage of their careers focus on tools and actions which demonstrate clinical competency.

Notably, there was little evidence of student reflection on power and systems of oppression and privilege. Moving students' critical thinking beyond individual actions is vital as they move to work in the heteronormative and cisnormative context of established health services (Beagan et al., 2012; Donald et al., 2017). Students highlighted the importance of 'diversity' and acknowledged differences, but not disadvantage. By exclusively conceptualizing patients as unique individuals, nurses can inadvertently restrict their ability to see social patterns in experiences, opportunities and other factors impacting the health of marginalized groups (Kellett and Fitton, 2017). Students also appeared to have a practical focus rather than considering political forces of power that structure healthcare institutions and environments. This has been a finding in nursing students in other western university contexts (Elertson and McNiel, 2021; Tengelin et al., 2019), perhaps reflecting the continued dominance of the historical western biomedical paradigm, which emphasizes interventions at the individual and family level, rather than taking a public health approach. In these settings, teaching is focused on building competence of individual practitioners instead of understanding the collective power of professional nurses.

Considering organizational and systemic determinants of inequities is vital for nurses to play an active role in reducing health inequities (Curtis et al., 2019). In addition to encouraging student nurses to advocate for patients directly in their care and demonstrate leadership by modelling best practice, they must also be supported to think of themselves as members of the largest cohort of health professionals. Collectively, nurses should be encouraged to resist existing oppressive systems and move beyond the individual and interpersonal level and engage with the political nature of healthcare.

Importantly, student participants mostly felt comfortable discussing LGBTQI+ health in class and

with teaching staff, but a few did not feel at all comfortable. Making a safe space for learning is essential, but educators have long espoused the benefits of stirring an emotional response - a so-called pedagogy of discomfort - when prompting critical engagement with ideological assumptions (Boler, 1999; Mills et al., 2021). Students also identified some faculty members' behaviors and attitudes were not inclusive. These issues can send mixed messages about the content and its importance. This outdated, discriminatory behaviour means dedicated time is spent emphasizing ideas that should be fundamental and integrated into all nursing education (e.g. using correct pronouns). This leaves less time to teach critical thinking about power analysis and system-level oppression.

The other opportunity for improvement noted is a need for nurse educators to acknowledge the intersecting nature of all health equity issues. Multiple systems of oppression and privilege intersect with one another to produce complex power dynamics that underpin health inequities. For example, Kerekere (2017) uses intersectionality to conceptualize how colonization relates to homophobia, biphobia, and transphobia in New Zealand to create the interwoven patterns of discrimination that takatāpui face. Given health systems' increasing prioritization of health equity, nurses must understand the complexity of power systems underpinning inequities. When nurses are informed by social justice theories, such as critical race theory, intersectionality, and historical trauma, they can become formidable allies in the fight for health equity for all marginalized populations (Weitzel et al., 2020).

4.1 Implications

These findings have several implications for health educators wanting to embed LGBTQI+ health into nursing education. Firstly, LGBTQI+ health content should move students beyond individual and interpersonal level thinking. Ideally, LGBTQI+ content should be clearly linked to wider systems of oppression and issues of power. Secondly, LGBTQI competence should be integrated and consistently modelled by nursing faculty. This may require dedicated training for faculty. Sherman et al. (2021) suggest initiatives such as faculty training videos, regular faculty workshops and the development of a public repository of LGBTQI+ resources to address gaps in LGBTQI+ knowledge among nursing faculty and students. Findings from our formative evaluation have already been presented to the university's nursing faculty and a project is underway to make improvements in this area. Thirdly, LGBTQI+ health content should be linked

to other equity issues, including racism and ableism, to help students recognize the intersectional nature of inequities.

4.2 Strengths and limitations

Strengths of this study include our interprofessional approach, including team members with diverse pedagogical and clinical expertise and lived experience. LGBTQI+ competence is now taught across all three years of the nursing curriculum. Student perspectives have informed the development of this material and will inform efforts to improve integration and impact. However, formative student evaluation coincided with significant disruption due to a worldwide pandemic and data collected may not represent all student experiences. Student evaluation data was predominantly qualitative, with quantitative data limited to self-report using Likert scales. Further research would be required to determine how curriculum changes may have impacted attitudes or behaviors.

Over the period of our curriculum thread development, literature on LGBTQI+ health in nursing education internationally has expanded. Future curriculum development will include reviewing recently-developed tools guiding the integration of content in this area (e.g. Sherman et al., 2022) while ensuring content remains appropriate for the context of New Zealand, including obligations under the Te Tiriti o Waitangi (1840). Future directions in the field may include greater use and development of frameworks.

These findings are important because student nurses who recognize and resist the oppressive, heteronormative, and cisnormative health and social systems around them have immense potential as activists. As part of the health workforce they can challenge and transform existing systems, ultimately helping to facilitate more equitable healthcare for LGBTQI+ people
In conclusion, this study has provided insight into how to embed LGBTQI+ health into an undergraduate nursing curriculum. These findings are important because student nurses who recognize and resist the oppressive, heteronormative, and cisnormative health and social systems around them have immense potential as activists. As members of the largest health workforce, nurses can challenge and transform existing systems, ultimately helping to facilitate more equitable healthcare for LGBTQI+ people. Learnings from this study will inform the ongoing development of the curriculum and may assist other health educators seeking to strengthen and integrate LGBQTI+ content into undergraduate nursing education.

Ethical approval

Ethical approval was obtained from the University of Auckland Human Participant Ethics Committee (#22591). Participant information clarified that participation was voluntary and would not affect course grades, and no demographic data were collected.

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