



Resolution Statement

Incorporating LGBTTIIPQQ2SAA+ Education into Nursing Curriculum in Canada

Approved by: 2017 National Assembly, Canadian Nursing Students' Association

Submitted: December 2nd, 2016

Submitted to: Board of Directors

Submitted by: Fraser MacPherson, Ryerson University

Simran Boparai, Ryerson University

Sarah Quinto, Ryerson University

Alyssa Riddle, MacEwan University

Caitlyn Patrick, Sault College

Special Thanks: Kyle Warkentin, Langara College

Introduction and Background

Despite advances in LGBTQ+ human rights in Canada, our education and healthcare systems still operate under cissexist and heterosexist structures, which lead to health disparities for the LGBTQ+ community (Daley & McConnell, 2011; Morrison & Dinkel, 2012). Disparities include higher rates of mood and anxiety disorders, suicidal ideation, preventable cancers, sexually transmitted infections (STIs), and substance use (Makadon et al., 2015; AAMC, 2014). For example, trans women of colour are more likely to be uninsured and denied care by healthcare providers, and are twice as likely to experience physical and sexual violence compared to cisgender women (AAMC, 2014).

Conservative estimates place the number LGBTQ+ Canadians at 1-10% of the population (Statistics Canada, 2015; Troute-Wood, 2015). However, the specific care needs of the LGBTQ+ community are not addressed consistently in nursing curriculums. According to a study by Obedin-Maliver et al. (2011), on average, only five hours of instruction were dedicated to LGBTQ+ content in medical education programs across the United States and Canada. Such limited instruction is insufficient considering the diverse and complex healthcare needs and lived experiences of members of the LGBTQ+ community, who often face healthcare providers who are unprepared to meet their needs (Compton & Whitehead, 2015). Thus, the lack of education on LGBTQ+ healthcare needs has a direct impact on patient care. It is imperative that nursing students receive preparation to care for equity-seeking groups. As frontline workers, nurses are in optimal positions to act not only as care providers, but also as patient advocates (Lim, Brown, & Jones, 2013).

Mandate and Current Position of The Canadian Nursing Students' Association (CNSA)

In January 2013, the CNSA National Assembly passed a position statement on incorporating LGBTIIPQQ2SAA education into Canadian nursing curriculum (CNSA, 2013). Through this resolution statement, we seek to build on the priorities outlined in the 2013 position statement by providing current and future CNSA board members with a clearer sense of

¹ The LGBTIIPQQ2SAA+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Intergender, Pansexual, Queer, Questioning, Two Spirit, Asexual and Aromatic) community is composed of a diverse group of individuals. While limiting, in this statement we refer to this population as the LGBTQ+ community and use a plus sign to indicate its expanding nature (Taylor, Jantzen, & Clow, 2013).



Canadian Nursing Students' Association Association des étudiant(e)s infirmier(ère)s du Canada

direction, as no action specific to this document has been taken since 2013. Engagement in the process of curriculum revision is in accordance with CNSA's (2016) *Strategic Plan 2016-2021*. In its strategic plan, CNSA (2016) prioritized active participation in advocacy processes regarding curriculum advancements and revision, with a focus on equity-seeking groups who experience health disparities. Moreover, in their strategic plan, CNSA pledged to utilize its board position on the Canadian Association of Schools of Nursing (CASN) to advocate for the development of curricula that addresses the specific needs of the LGBTQ+-identified individuals. Through collaboration with CASN, as well as postsecondary institutions across the country, CNSA would meet their governing objective to guide innovation in nursing curriculum.

Additionally, a clearly-defined partnership with provincial interest groups, such as the Rainbow Nursing Interest Group (RNIG) through the Registered Nurses Association of Ontario (RNAO), and community-specific non-profit organizations that are affiliated with the LGBTQ+ community, such as the 519 (in Toronto), the Pride Centre of Edmonton, and QMUNITY (in Vancouver) would meet CNSA's governing objective of strengthening linkages and creating new partnerships. As a group, RNIG facilitates the development and dissemination of evidence-informed care and research, thereby supporting the further education of nursing students regarding the LGBTQ+ community (RNIG, n.d.). RNIG, through RNAO, also works to challenge the invisibility and silencing of the LGBTQ+ community through advocacy (RNIG, n.d.). Thus, a partnership with another advocacy group would fulfill CNSA's governing objective as the primary voice and resource for nursing students.

Along a similar vein, community-specific non-profit organizations, such as those mentioned above, are committed to improving the health of their diverse community members, as well as the development of community initiatives aimed at building collective strength (The 519, n.d.; The Pride Centre of Edmonton, n.d.; QMUNITY, n.d.). CNSA's advocacy for nursing students, including LGBTQ+ nursing students, will be better informed by local, context-specific community perspectives and experiences. Collaborating with local community organizations would represent a continued fulfillment, and subsequent expansion, of CNSA's governing objectives with regards to being the primary voice of nursing students and advancing innovation in nursing curriculum.

Rationale

Whereas, The ongoing development of nursing school curricula to reflect the health-care needs of Canadian populations is essential for best practice.

Whereas, The health-care needs of LGBTQ+ people in Canada have been historically marginalized in the healthcare system and in nursing educational curricula.

Whereas, LGBTQ+ people experience higher rates of discrimination and violence within the healthcare system and from healthcare professionals.



Canadian Nursing Students' Association Association des étudiant(e)s infirmier(ère)s du Canada

Whereas, LGBTQ+ communities across Canada have specific and unique health-care needs requiring comprehensive evidence-based education.

Resolution

BE IT RESOLVED *That*, CNSA urges the Canadian Association of Schools of Nursing (CASN) to prioritize incorporating the needs, experiences, and perspectives of LGBTQ+ people and communities into nursing school curricula.

BE IT RESOLVED *That*, CNSA support the efforts of nursing students across Canada to advocate for the inclusion of courses and materials specific to the health-care needs of LGBTQ+ people and communities.

BE IT RESOLVED *That*, CNSA's Diversity Committee prioritize advocating for nursing school curricula to meet the educational needs of nursing students related to LGBTQ+ health-care, by working with various stakeholders of the LGBTQ+ population, including but not limited to the following: RNIG, the 519, the Pride Centre of Edmonton, and QMUNITY.

Relation to Canadian Nursing School Curriculums

According to CASN (2015), it is pertinent for nursing programs to prepare their students so that they can demonstrate an ability to conduct holistic and comprehensive assessments of various patients with unique healthcare needs. In particular, students should have adequate knowledge of the relationship between primary health care and health disparities, the social determinants of health and the healthcare needs of equity seeking groups such as the LGBTQ+ population in Canada (CASN, 2015).

As stated by Lim, Brown and Jones (2013), undergraduate nursing programs lack the integration of LGBTQ+ related health content within their curricula, which results in knowledge gaps regarding the needs of this population. A lack of education in regards to LGBTQ+ health can pose a barrier to accessible healthcare for this population as healthcare providers are not equipped with the training or knowledge that is necessary for the provision of culturally competent care that meets their needs (Lim et al., 2013). According to Colpitts and Gahagan (2016), the cisheteronormative lens of Canada's healthcare system serves to disadvantage the LGBTQ+ population as their health needs are assumed to be similar to those of individuals who are heterosexual and cisgender. Consequently, their specific needs are not met and are rendered invisible. Additionally, LGBTQ+ populations often experience discrimination and stigma within the healthcare system and from healthcare providers (Colpitts & Gahagan, 2016). Based on the research, it is evident that there is a need for the inclusion of LGBTQ+ health information within the educational curricula of nursing schools across Canada. The implementation of LGBTQ+ course material in undergraduate nursing programs can raise awareness of the vast health disparities that are experienced by this population, and subsequently, empower students to take a proactive role in promoting LGBTQ+ health and providing culturally sensitive care.



Canadian Nursing Students' Association
Association des étudiant(e)s infirmier(ère)s du Canada

Conclusion

As CNSA is the primary voice for nursing students, we feel that the LGBTQ+ population must be recognized as a vital part of our healthcare system which requires unique and specialized education in nursing programs across Canada. Partnerships with CASN, RNIG, and LGBTQ+ organizations would help to propel post-secondary institutions across the nation to challenge how their current curriculum is not meeting the needs of the LGBTQ+ community. This movement would assist in providing LGBTQ+ people with respect and equity in the healthcare system.

References

- The 519. (n.d.) *About the 519*. Retrieved from <http://www.the519.org/about>
- Canadian Association of Schools of Nursing. (2015). National Nursing Education Framework. Retrieved from <http://www.casn.ca/wp-content/uploads/2014/12/FINAL-BACC-Framwork-FINAL-SB-Jan-2016.pdf>
- Canadian Nursing Students' Association. (2013). *Resolutions & position statements of the Canadian Nursing Students' Association, 2013*. Retrieved from <http://cnsa.ca/wp-content/uploads/2016/01/2013-Resolutions-Position-Statements-.pdf>
- Colpitts, E., & Gahagan, J. (2016). "I feel like I am surviving the health care system": Understanding LGBTQ health in nova scotia, canada. *BMC Public Health, 16*, 1-12. doi:<http://dx.doi.org/10.1186/s12889-016-3675-8>
- Compton, D. A., & Whitehead, M. B. (2015). Educating healthcare providers regarding LGBT patients and health issues: The special case of physician assistants. *American Journal of Sexuality Education, 10*(1), pp. 101-118.
- Daley, A. E., & MacDonnell, J. A. (2011). Gender, sexuality and the discursive representation of access and equity in health services literature: implications for LGBT communities. *International Journal for Equity in Health, 10*(1), pp. 40-49. doi: 10.1186/1475-9276-10-40
- Association of American Medical Colleges (AAMC) Advisory Committee on Sexual Orientation, Gender Identity, And Sex Development. (2014). *Implementing curricular and institutional climate changes to improve health care for individuals who are LGBT, gender nonconforming, or born with DSD: A resource for medical educators*. Washington, DC: Association of American Medical Colleges.
- Keepnews, D. (2011). Editorial: LGBT health issues and nursing. *Policy, Politics, & Nursing Practice, 12*(2), 71-72. doi:10.1177/1527154411425102
- Lim, F. A., Brown, D. V., & Jones, H. (2013). Lesbian, gay, bisexual, and transgender health: Fundamentals for nursing education. *The Journal of Nursing Education, 52*(4), 198-203. doi:10.3928/01484834-20130311-02
- Makadon, H. J., & American College of Physicians. (2015). *The Fenway guide to lesbian, gay, bisexual, and transgender health* (2nd ed.). Philadelphia: American College of Physicians.
- Morrison, S., & Dinkel, S. (2012). Heterosexism and health care: A concept analysis. *Nursing Forum, 47*(2), pp. 123-130. Doi: 0.1111/j.1744-6198.2011.00243.x



Canadian Nursing Students' Association
Association des étudiant(e)s infirmier(ère)s du Canada

Obedin-Maliver, J., Goldsmith, E.S., Stewart, L., White, W., Tran, E., Brenman, S., Wells, M., Fetterman, D.M., Garcia, G., & Lunn, M.R. (2011). Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *Journal of the American Medical Association*, 306, 971-977. doi:10.1001/jama.2011.1255

The Pride Centre of Edmonton. (n.d.) *Home*. Retrieved from <http://pridecentreofedmonton.org/index.html>

QMUNITY. (n.d.) *About*. Retrieved from <http://qmunity.ca/about/>

Rainbow Nursing Interest Group (n.d.). *Rainbow Nursing Interest Group: Mission and Goals*. Retrieved from <http://rnao.ca/connect/interest-groups/rnig>

Statistics Canada. (2015). Same-sex couples and sexual orientation...by the numbers. Retrieved from http://www.statcan.gc.ca/eng/dai/smr08/2015/smr08_203_2015

Strong, K. L., & Folse, V. N. (2015). Assessing undergraduate nursing students' knowledge, attitudes, and cultural competence in caring for lesbian, gay, bisexual, and transgender patients. *Journal of Nursing Education*, 54(1), 45-49. doi:<http://dx.doi.org/10.3928/01484834-20141224-07>

Taylor, E., Jantzen A., & Clow, B.N. (2013). *Rethinking LGBTQ health*. Halifax: Atlantic Centre of Excellence for Women's Health. Retrieved from http://books2.scholarsportal.info.ezproxy.lib.ryerson.ca/viewdoc.html?id=/ebooks/ebooks1/gibson_chrc/2013-08-21/1/10726293#tabview=tab1

Troute-Wood, T. (2015, January). Honoring sexual orientation and gender identity. Retrieved from <https://www.canadian-nurse.com/en/articles/issues/2015/january-2015/honouring-sexual-orientation-and-gender-identity>