



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

## Resolution

### Inclusive Intake/Patient-History Forms

**Submitted:** December 7, 2018

**Submitted to:** CNSA Board of Directors

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### Introduction/Background Information

The exact number of transgender and non-binary Canadians is unknown. Health research rarely includes the options for participants to self-identify their gender; which often excludes anyone who does not identify within the binary system of “male”, and “female”.

LGBTQ2S+<sup>1</sup> people experience stigma and discrimination throughout their lives, including within the healthcare system. This leads to a fear of being mistreated within our medical system. Research suggests that health care providers routinely use the wrong gender pronoun to address transgender and non-binary patients, and often forget to ask individuals for their proper pronouns. Additionally, health care providers have disclosed their patient's gender identity to others without their consent, when it is not necessary for care (Clegg & Pearson, 1996). Experiences such as these create an environment that is unsafe and unwelcoming for queer individuals, as such they may face discrimination in the health care setting. Transgender and other gender identities are unrepresented, and as a result they become systematically disadvantaged and become one of the most marginalized groups. Looking at the social determinants of health, these individuals are at higher risks of experiences adverse health effects, yet are less likely to seek out medical care. Additional challenges queer individuals face include difficulty accessing trans-inclusive/gender inclusive primary and emergency healthcare, transition care, difficulty obtaining referrals and often being denied medical care (Bauer, Hammond, Travers, Kaay, Hohenadel & Boyce 2009; Cobos & Jones, 2009). Additionally, it can be difficult for those that identify outside of the gender binary to receive appropriate care for their sex assigned at birth if there is no way for them to indicate their assigned sex and gender identity are different. Most forms and billing systems are set up in a way that correlates listed “sex” with body parts and only allows sex-specific procedures such as hysterectomies and prostate-treatments to be billed to those of that designated sex (Bauer et al., 2009). This means a an client identifying as male may not be eligible for care such as breast and pelvic exams.

The House of Commons approved Bill C-279 (2015), making it illegal to discriminate against Canadians on the basis of gender identity or gender expression. Despite this, those individuals who identify outside the binary and express themselves outside societal norms, still face discrimination in their health care across the country.

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<sup>1</sup> LGBTQ2S+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender, Queer, and Two-Spirit. The + allows room for fluidity and growth while recognizing expression is constantly evolving and encompassing of all other expressions.



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### on the Topic

In 2013 the CNSA passed a position statement on incorporating LGBTQ2S+ education into Canadian nursing curriculum and a resolution statement as follows; Rise Up and Eliminate Barriers: Striving to Enhance Cultural Competence in Caring for the The LGBTIIPQQ2SAA+<sup>2</sup> Community (CNSA, 2013). Furthermore, in 2016 the CNSA passed another resolution statement to build on the 2013 position statement and give a clear sense of direction. Through this resolution statement, we seek to provide further actions that will help meet the advocacy goals of the CNSA and inclusion of equity seeking population, specifically the LGBTQ2S+ community.

The CNSA believes that a gender inclusive form would allow for the advancement of social justice in the nursing profession. An inclusive form creates a healthcare environment that is welcoming and safe for queer individuals. By doing this, this CNSA believes there will be a decrease in discrimination and social exclusion in healthcare and provides inclusive. As an organization the CNSA supports the ideal that nurses show clients they are respected for who they are and do not have to fear discrimination, and provide culturally competent care to all patients. Nursing students are responsible to provide care to all individuals as the future health care workers. Therefore, it is imperative the specific needs of unique population are met for ethical care. The inclusivity of gender diverse populations is fundamental for the care of minority populations.

The CNSA believes in actively involving stakeholders as outlined in its Strategic plan. The uptake of an inclusive form requires the support of external organizations such as nursing organizations (CNA, CFNU), provincial bodies and the Ministry of Health. Engagement with these stakeholders allows for the CNSA to help prepare nursing students to provide safe, ethical and compassionate care the LGBTQ2S+community.

### Rationale

Whereas, the CNSA supports the ongoing health needs of equity- seeking populations needs, including the special needs of the LGBTQ2S+

Whereas, the LGBTQ2S+ community experiences higher rates of discrimination and lack of comprehensive care in the healthcare system

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<sup>2</sup> The LGBTIIPQQ2SAA+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Intergender, Pansexual, Queer, Questioning, Two Spirit, Asexual and Aromantic) community is composed of a diverse group of individuals. The + allows room for fluidity and growth while also recognizing that expression is a constantly evolving process meaning not all expressions may be accurately represented by this acronym.



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on statement Incorporating LGBTIIPQQ2SAA+ Education into Nursing Curriculum in Canada was passed in 2016, stating to prioritize incorporating the needs, experiences, and perspectives of LGBTQ2S+ people and communities into nursing school curricula.

*Be it Resolved*, That the CNSA, as the voice of the new generation of nurses, promote safer spaces for transgender, non-binary and other gender identities within their chapter schools through collective partnerships with professors, nurses, school faculty and nursing students in order to prioritize public health measures.

*Be It Further Resolved*, That the CNSA support the efforts of Canadian nursing students to advocate for gender inclusive intake/patient history forms and language across Canada that address the unique needs of these populations including gender outside the binary, sex at birth, and pronouns through activities such as researching inclusivity initiatives, collaborating with LGBTQ2S+ patients to include their voices in form change, and petitioning Canadian textbook companies to change the language in their textbooks to be inclusive

*Be it Further Resolved*, That the CNSA diversity and community and public health committees prioritize advocating for the inclusion of a gender friendly intake form for those that identify outside of the binary system, including advocating for nursing education within community and public health curriculum.

### **Relation to Canadian Nursing School Curriculums**

The Canadian Association of Schools of Nursing (CASN), outlines in their national framework that undergraduate nurse need to have knowledge of primary health care, ethical nursing practice, and social justice (CASN, 2015). Specifically there should be knowledge of health disparities, determinants of health, and holistic care. Gender identity is a key aspect of who an individual is and identifies as. This will affect how they receive care. As future health care providers, nursing students must be prepared to assess diverse client populations and be able to provide them with competing ethical safe and compassionate care (CASN, 2015).

If nurses are uneducated about what gender identity is and its impacts on health, they cannot support their clients appropriately, or provide them with the best care. Forms and education should use inclusive language, such as asking about “husband/wife” or “mother/father,” and should reflect the reality of LGBTQ2S+ families by asking about “relationships,” “partners,” and “parent(s)” (Gay and Lesbian Medical Association, 2015). By putting this into practice and educating nurses on its importance we build cultural competency and create safer spacer for these equity-seeking populations.

The CNSA must continue to advocate for the inclusion of LGBTQ2S+ education in nursing curriculum. The integration for this education gives nurse the capacity to be better leaders and advocates in

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inclusive care. This care include but is not limited to, inclusive language, proper pronouns, the difference between sex and gender, and only collecting information relevant for care.

### Conclusion

As the primary voice for nursing students, the CNSA believes that the LGBTQ2S+ population has the right to fair and equitable care. This population requires specialized education in nursing curriculum and unique care within our healthcare system. The uptake of an inclusive intake/history form would allow for a safer space for those identify outside the binary when accessing the health-care system. This would not only allow for more inclusive care but would allow transgender persons, non-binary and other gender identities to be better represented in the medical system.

### References

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