



Resolution #2

Inclusive Intake/Patient-History Forms

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Approved by: 2019 National Assembly, Canadian Nursing Students' Association

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Introduction/Background Information

To begin, 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”.

2SLGBTQ+¹ 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 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

¹ 2SLGBTQ+ is an abbreviation for Two Spirit, Lesbian, Gay, Bisexual, Transgender, and Queer. The + allows room for fluidity and growth while recognizing expression is constantly evolving and encompassing of all other expressions.



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.

Secondly, Canada is a multicultural nation, and therefore, the healthcare system needs to be prepared to provide culturally safe care to our diverse population in order to ensure the provision of effective, equitable, and dignified care. Using an intake form that inquires about an individual's unique cultural practices and beliefs at the beginning of care can act as a useful tool in guiding culturally safe care.

Cultural safety recognizes the inherent power differentials that exist in our healthcare system as a result of colonization and racism. Furthermore, it addresses the unique health disparities that exist for marginalized populations such as immigrants and refugees, people of colour, First Nations, Inuit, and Métis people, and 2SLGBTQ+ groups (Aboriginal Nurses Association of Canada, 2009; Graves, Like, Kelly & Hohensee, 2007; Vidaeff, Kerrigan & Monga, 2015). Using a cultural safety lens exposes the oppressive historical, political, and social systems that are at the foundation of our healthcare system, and challenges the unequal power relations to improve healthcare access for different populations (Aboriginal Nurses Association of Canada, 2009). Therefore, by recognizing power imbalances, a cultural safety framework promotes respect, support, empowerment, identity, and bridges the gap between marginalized groups and the healthcare system (Phiri, Dietsch & Bonner, 2009). The addition of a section for patients to express their unique cultural practices on an intake form will allow healthcare providers to acknowledge and address the gaps that exist when caring for different populations and discourages assumptions on the part of the professional regarding cultural practices. This section provides an opportunity for individuals to express their unique practices: usage of traditional medicines and healing practices, guidance from spiritual leaders, and wishes surrounding invasive treatments. Such a section will help ensure accuracy and safety when creating a treatment plan that respects an individual's autonomy (Graves, Like, Kelly & Hohensee, 2007). Finally, since culture is a dynamic and changing process this intake form can ensure that healthcare providers are not assuming that all individuals within a culture share the same beliefs, morals, and customs (Phiri Dietsch & Bonner, 2009). The form should not be taken as an end to the investigation of a client's culture, but rather as the starting point of a conversation. However, a prudent professional understands the inherent power differential between themselves and their clients and should not press a client past their point of comfort when asking questions or seeking information (involving experts such as Aboriginal Patient Navigators may be appropriate).

CNSA's Position on the Topic



In 2013 the CNSA passed a position statement on incorporating 2SLGBTQ+ education into Canadian nursing curriculum and a resolution statement: *Rise Up and Eliminate Barriers: Striving to Enhance Cultural Competence in Caring for the The 2SLGBTIQQA+² 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 2SLGBTQ+ community.

The CNSA has also passed many position and resolution statements on the effect of marginalization in healthcare. This includes a position statement on *Affordable PrEP for All*, as issues of access and HIV affect Indigenous and racialized groups disproportionately (CNSA, 2019). As well, a recently passed position statement titled *Achieving Health Equity in Canada's Rural and Remote Communities*, which makes reference to the Final Report from the Truth and Reconciliation Commission of Canada (CNSA, 2019; Jane Philpott, 2017). Lastly, *Cultural Safety in the Context of Aboriginal Health in Nursing Education* was passed in 2015, and establishes the CNSA's position on including education on caring for people from non-dominant cultures, specifically relating to Indigenous health.

The CNSA believes that a gender and culture 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 marginalized individuals. By doing this, the CNSA believes healthcare will move towards greater accessibility for marginalized groups; and while this will not overthrow the roots of racism and colonization in healthcare, it will move the system into a progressive position. As an organization the CNSA supports the ideal that nurses provide unbiased, culturally competent, and appropriate care and that nurses be advocates in countering hegemony in healthcare. Moreover, nursing students are responsible to provide care to all individuals as they are the future of the healthcare system, and they must be fully aware of and oppose these oppressive systems. As such, it is imperative that healthcare facilities support the tools healthcare professionals need in providing such care.

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, health authorities, 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 2SLGBTQ+community.

² The 2SLGBTIQQA+ (Two Spirit, Lesbian, Gay, Bisexual, Transgender, Intersex, Intergender, Pansexual, Queer, Questioning, 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.



Resolution

WHEREAS, the CNSA supports the ongoing health needs of equity-seeking populations, including the special needs of 2SLGBTQ+, Indigenous, and other racialized groups³.

WHEREAS, different marginalized groups experience higher rates of discrimination and lack of comprehensive care in the healthcare system.

WHEREAS, a resolution statement *Incorporating 2SLGBTQQA+⁴ Education into Nursing Curriculum in Canada* was passed in 2016, stating to prioritize incorporating the needs, experiences, and perspectives of 2SLGBTQ+ people and communities into nursing school curricula.

WHEREAS, a resolution statement *Achieving Health Equity in Canada's Rural and Remote Communities* was passed in 2019, and *Cultural Safety in the Context of Aboriginal Health in Nursing Education* was passed in 2015, highlighting the fundamental need for culturally inclusive education in nursing curricula.

Therefore,

BE IT RESOLVED, that the CNSA, as the voice of the new generation of nurses, promote safer spaces for marginalized groups and provide platforms for advocating for the issues faced by these groups within their chapter schools through collective partnerships with professors, nurses, school faculty, and nursing students in order to prioritize public health measures.

BE IT RESOLVED, That the CNSA support the efforts of Canadian nursing students to advocate for gender and culture 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, cultural practices, spiritual beliefs, pronouns, and existing disparities through activities such as researching inclusivity initiatives, collaborating with clients to include their voices in form change, and petitioning Canadian textbook companies to change the language in their textbooks to be inclusive

³ Henceforth, these groups will be cumulatively referred to as marginalized groups

⁴ 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.



BE IT RESOLVED, that the CNSA diversity and community and public health committees prioritize advocating for the inclusion of a gender and culture friendly intake form for those that identify outside of the dominant systems, 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 and cultural identity are key aspects how and as whom an individual identifies. Inevitably, 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. Furthermore, nurses ignorant to the unique needs of other cultural and racial groups cannot provide appropriate care. Forms and education should use inclusive language and should reflect the reality of 2SLGBTQ+ families by asking about “relationships,” “partners,” and “parent(s)” rather than labelling as “mother/ father” or “wife/ husband” (Gay and Lesbian Medical Association, 2015). By putting this into practice and educating nurses on its importance we build cultural competency and create safer space for these equity-seeking populations.

The CNSA must continue to advocate for the inclusion of 2SLGBTQ+ and culturally competent education in nursing curriculum. The integration for this education gives nurse the capacity to be better leaders and advocates in the advancement of inclusive care. This care include but is not limited to, inclusive language, proper pronouns, the difference between sex and gender, cultural practices and beliefs, appropriate spiritual leaders, how to provide post-partum or palliative care, and only collecting information relevant for care.

Conclusion

As the primary voice for nursing students, the CNSA believes that marginalized populations in Canada have the right to fair and equitable care. These different groups are entirely unique in their needs but face similar struggles of inaccessibility, inappropriate care, and stigmatization. A holistic view on cultural and gender realities in Canada are required in nursing education and within the healthcare system. The uptake of an inclusive intake/history form would allow for a safer space when accessing the health-care system. This would not only allow

for more inclusive care but would allow transgender, non-binary, Indigenous, immigrant, refugee, queer, and other groups to be better represented in the medical system.

References

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Edits

1. Secondly, Canada is a multicultural nation, and therefore, the healthcare system needs to be prepared to provide culturally safe care to our diverse population in order to ensure the provision of effective, equitable, and dignified care. Using an intake form that inquiries about an individual's unique cultural practices and beliefs at the beginning of care can act as a useful tool in guiding culturally safe care.
2. Cultural safety recognizes the inherent power differentials that exist in our healthcare system as a result of colonization and racism. Furthermore, it addresses the unique health disparities that exist for marginalized populations such as immigrants and refugees, people of colour, First Nations, Inuit, and Métis people, and 2SLGBTQ+ groups (Aboriginal Nurses Association of Canada, 2009; Graves, Like, Kelly & Hohensee, 2007; Vidaeff, Kerrigan & Monga, 2015). Using a cultural safety lens exposes the oppressive historical, political, and social systems that are at the foundation of our healthcare system, and challenges the unequal power relations to improve healthcare access for different

populations (Aboriginal Nurses Association of Canada, 2009). Therefore, by recognizing power imbalances, a cultural safety framework promotes respect, support, empowerment, identity, and bridges the gap between marginalized groups and the healthcare system (Phiri, Dietsch & Bonner, 2009). The addition of a section for patients to express their unique cultural practices on an intake form will allow healthcare providers to acknowledge and address the gaps that exist when caring for different populations and discourages assumptions on the part of the professional regarding cultural practices. This section provides an opportunity for individuals to express their unique practices: usage of traditional medicines and healing practices, guidance from spiritual leaders, and wishes surrounding invasive treatments. Such a section will help ensure accuracy and safety when creating a treatment plan that respects an individual's autonomy (Graves, Like, Kelly & Hohensee, 2007). Finally, since culture is a dynamic and changing process this intake form can ensure that healthcare providers are not assuming that all individuals within a culture share the same beliefs, morals, and customs (Phiri Dietsch & Bonner, 2009). The form should not be taken as an end to the investigation of a client's culture, but rather as the starting point of a conversation. However, a prudent professional understands the inherent power differential between themselves and their clients and should not press a client past their point of comfort when asking questions or seeking information (involving experts such as Aboriginal Patient Navigators may be appropriate).

3. The CNSA has also passed many position and resolution statements on the effect of marginalization in healthcare. This includes a position statement on *Affordable PrEP for All*, as issues of access and HIV affect Indigenous and racialized groups disproportionately (CNSA, 2019). As well, a recently passed position statement titled *Achieving Health Equity in Canada's Rural and Remote Communities*, which makes reference to the Final Report from the Truth and Reconciliation Commission of Canada (CNSA, 2019; Jane Philpott, 2017). Lastly, *Cultural Safety in the Context of Aboriginal Health in Nursing Education* was passed in 2015, and establishes the CNSA's position on including education on caring for people from non-dominant cultures, specifically relating to Indigenous health.
4. The CNSA believes that a gender and culture 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 marginalized individuals. By doing this, the CNSA believes healthcare will move towards greater accessibility for marginalized groups; and while this will not overthrow the roots of racism and colonization in healthcare, it will move the system into a progressive position. As an organization the CNSA supports the ideal that nurses provide unbiased, culturally

competent, and appropriate care and that nurses be advocates in countering hegemony in healthcare. Moreover, nursing students are responsible to provide care to all individuals as they are the future of the healthcare system, and they must be fully aware of and oppose these oppressive systems. As such, it is imperative that healthcare facilities support the tools healthcare professionals need in providing such care.

5. **WHEREAS**, a resolution statement *Achieving Health Equity in Canada's Rural and Remote Communities* was passed in 2019, and *Cultural Safety in the Context of Aboriginal Health in Nursing Education* was passed in 2015, highlighting the fundamental need for culturally inclusive education in nursing curricula.
6. As the primary voice for nursing students, the CNSA believes that marginalized populations in Canada have the right to fair and equitable care. These different groups are entirely unique in their needs but face similar struggles of inaccessibility, inappropriate care, and stigmatization. A holistic view on cultural and gender realities in Canada are required in nursing education and within the healthcare system. The uptake of an inclusive intake/history form would allow for a safer space when accessing the health-care system. This would not only allow for more inclusive care but would allow transgender, non-binary, Indigenous, immigrant, refugee, queer, and other groups to be better represented in the medical system.