



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Resolution #8

Sexual Orientation

Submitted by:

Judith MacDonnell

On behalf of:

Community Health Nurses' Initiatives Group (CHNIG)

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WHEREAS current evidence indicates that nurses often have a limited awareness of sexual diversity and the complex health and wellness issues that sexual minorities face, and

WHEREAS nurses are ethically, professionally and legally mandated to advocate for the needs of vulnerable groups and RNAO has been on record as supporting equitable and universal access to high quality health care for marginalized people, and

WHEREAS RNAO is working on a diversity and inclusivity framework for action, and sexual diversity is often invisible to health care providers, and there is a lack of consistent, inclusive and culturally competent care for sexual minorities, and

WHEREAS individual sexual minority nurses and others supporting sexual diversity, often encounter discrimination and professional and organizational challenges in advocating on behalf of sexual minorities;

THEREFORE BE IT RESOLVED that RNAO develop a position statement explicitly addressing and politically advocating to nursing bodies, the provincial government, community health care providers and the general public to challenge systemic heterosexism, biphobia and transphobia in the workplace and also related to client care. This can be done by RNAO itself and/or in collaboration with the Ontario Public Health Association (OPHA), Rainbow Health Network (RHN) and Centre for Equity and Health in Society (CEHS).

WHEREAS there is limited nursing research knowledge and practice guidelines upon which to enhance nursing care for sexual minorities, and

WHEREAS there is partial professional and workplace support for sexual minority nurses and their allies, and

WHEREAS findings from recent research studies support the need for the development of best practice strategies to enhance both nursing care for sexual minorities and workplace support for sexual minority-identified nurses and their advocates, and

THEREFORE BE IT RESOLVED THAT RNAO develop a best practice strategy to advocate and foster the development of professional, organizational and social support for sexual minority nurses and others who would advocate on their behalf.

Background

Nurses across practice settings aim to provide high quality care for diverse clients. However, diversity is often equated with visible difference related to disability or ethnoracial status and overlooks sexual orientation and gender identity (Duncan et al., 2001). Sexual minorities, who include lesbian, gay, bisexual, transsexual, transgendered, Two-Spirited, intersex, queer and questioning people (LGBTTTTIQQ), comprise approximately 5-10% of the population across age, ethnoracial and socio-economic status, religion, ability, gender, and geographic location (Canadian Rainbow Health Coalition, 2004; Peterkin & Risdon, 2003). Invisibility contributes to institutional heterosexism, the assumption that all people are heterosexual. The experience of individuals and communities in dealing with sexual diversity issues varies depending on their age, gender, and other factors. However, institutional heterosexism and systematic oppression marginalize and silence diverse sexual minorities and their health issues and limit their capacity to achieve optimal health and well being and community self-determination. Biphobia and transphobia address similar processes that systematically disadvantage bisexuals and transsexual/transgendered people. There are well-documented negative health outcomes for sexual minorities. As clients, they face barriers to relevant and high quality care; as nursing professionals, they often encounter discrimination in the workplace, as can allies who advocate on their behalf (Dobinson, 2005; Gapka et al., 2003; MacDonnell, in press; Peterkin & Risdon, 2003). Nurses often lack comfort, knowledge, and understanding of the complexities of sexual minorities' lives and their holistic health needs across the lifespan, dynamics that are exacerbated by gaps in nursing education, research and policies that explicitly address LGBTTTTIQQ health (Gray et al., 1996; MacDonnell; Walpin, 1997). Policies and practices of invisibility, omission, and silencing within the nursing profession contribute to systemic oppression for diversely situated sexual minorities. Nurses are ethically, legally and professionally mandated to support the human rights and dignity of clients, provide culturally-competent care, enhance access to care, and advocate for the needs of vulnerable groups, as well as participate in reflective practice (Canadian Nurses Association, 2004; Community Health Nurses Association of Canada, 2003). In a primary health care context, nurses, both those identified as sexual minorities and those working as allies, are collaborating to develop policy, practice guidelines and support networks to foster the health and well-being of sexual minority communities. Nurses involved with the Ontario Public Health Association (OPHA), Centre for Equity and Health in Society (CEHS) and Rainbow Health Network (RHN) Professional Partnerships Project Work Group were involved with the development of this resolution. RNAO has demonstrated a commitment to explicitly challenge institutionalized racism (RNAO, 2002). Consistent visibility of sexual minority issues within the professional organization and RNAO advocacy would enhance nursing education, research and advocacy strategies and support networks that would improve the everyday health and well-being of sexual minorities and contribute to improving access to high quality care.

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