



# Position Statement

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## Cultural Diversity and Gender Inclusivity in the Emergency Care Setting

### Description

Knowledge of cultural diversity is vital at all levels of nursing practice.<sup>1,2</sup> It is well known that disparities in healthcare and access to care can present a threat to the well-being of certain populations.<sup>3,4</sup> Understanding the impact that culture has on interactions is essential for emergency nurses, whether they practice in a clinical, educational, research, or administrative setting.<sup>1,2</sup> The nurse-patient encounter blends three cultural systems: the culture of the nurse, the culture of the patient, and the culture of the setting.<sup>1,2</sup>

The importance of cultural sensitivity has long been at the foundation of nursing education and practice. It is only recently that gender sensitivity has attained the same status. Individuals who identify with the lesbian, gay, bi-sexual, transgender, or queer (LGBTQ) communities are like any other self-identifying group of people that is more readily labeled as a “culture.” Like many cultures, they also have specific health disparities when compared with the general population.<sup>3,5</sup> For example, a national survey revealed that 63% of transgender individuals had experienced some form of serious discrimination such as eviction, physical assault, and denial of medical services due to bias.<sup>6</sup> These experiences were reported as directly impacting their quality of life and the ability to sustain themselves.<sup>6</sup> Because of examples like these occurring nationally, changes were implemented in the Affordable Care Act making it illegal to deny claims based on pre-existing conditions or gender issues.<sup>7</sup> However, there are still gaps in providing transgender individuals with quality healthcare.<sup>5</sup> It is essential that emergency nurses understand the healthcare disparities that these unique patient populations may experience.<sup>5</sup>

As societal and cultural norms surrounding ethnic and gender issues evolve, schools of nursing have not responded by providing cultural- or gender-based curricula,<sup>8</sup> and the ethnic composition of the nursing workforce does not mirror the proportions of racial and ethnic minorities identified in the United States.<sup>8</sup> Diversity of culture and gender among academic faculty members may provide insight into specific populations and furnish diverse role models for nursing students,<sup>8</sup> but the need for reform is a concern.

### ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Emergency nurses act with knowledge, compassion, and respect for human dignity and the uniqueness of the individual.



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2. Emergency nurses deliver care in a manner that preserves and protects patient and family autonomy, dignity, rights, values, and beliefs.
3. Emergency nurses recognize and integrate a knowledge of cultural diversity to develop and implement culturally sensitive nursing care.
4. Emergency nurses apply knowledge related to gender identity to develop and implement gender-inclusive nursing care.
5. Emergency nurses reflect critically on their own values, beliefs, and cultural heritage to understand their effect on safe, effective, and respectful care.
6. Emergency nurses advocate for the inclusion of the patient's cultural beliefs, gender identity, and practices in all dimensions of healthcare.
7. Emergency nurses be educationally prepared to promote and provide culturally congruent healthcare.
8. Emergency nurses use effective, culturally competent communication with patients and their families that takes into consideration the client's verbal and nonverbal language, cultural values and context, and unique healthcare needs and perceptions.
9. Emergency nurses base their practice on interventions that have been systematically tested and demonstrated to be most effective for the culturally diverse populations served, and investigate and test interventions in areas where there is a lack of evidence.
10. Healthcare facilities provide education to all staff to promote a culture of inclusivity, sensitivity, and respect for all humans regardless of their ethnicity and/or gender diversity.
11. Emergency nurses ensure that patients have adequate access to qualified interpreters, discharge instructions in preferred languages, and make accommodations for literacy proficiency.

## Background

Culture includes the beliefs, behavior practices, societal norms, attitudes, rituals, languages, and customs that are incorporated into the way of life of an individual.<sup>9</sup> Cultures can be ethnic, but not necessarily so. The communities that form around gender identity and diversity (e.g., the LGBTQ communities) are also cultures. Cultural competence is the ability of providers and organizations in healthcare to understand and provide care to patients with diverse values, beliefs, and behaviors, including the tailoring of delivery to meet patients' social, cultural, and linguistic needs.<sup>10</sup> Culturally



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competent organizations and their staff value diversity, obtain and institutionalize cultural knowledge, assess themselves, incorporate diversity and the cultural contexts of communities and individuals served, and manage the dynamics of difference.<sup>10</sup>

Healthcare systems and providers can improve access to care and respond to an increasingly heterogeneous patient base by providing culturally relevant, responsive services.<sup>1</sup> At the heart of that care lies culturally appropriate communication. According to The Joint Commission, successful communication occurs when healthcare providers understand and incorporate the information collected from patients, and when patients fully comprehend accurate, timely, and unambiguous messages from the healthcare provider in a manner that enables patients to actively and responsibly participate in their own care.<sup>11</sup> Effective communication is a critical aspect of safe, quality patient care<sup>12</sup> that includes access to qualified interpreters and written discharge instructions in the preferred language that are appropriate for the patient's level of literacy. Effective communication is an essential part of cultural competence.<sup>10</sup>

Gender identity often begins at a young age and is related to a person's internal sense of being male, female, both, or neither.<sup>5,13,14</sup> How an individual identifies may or may not be the sex assigned to them at birth. Transgender people are those whose gender identity is not the same as the sex they were assigned at birth.<sup>13</sup> Sexual orientation is different from gender identity: it refers to the way that individuals relate to or express sexual attraction to other people, which is independent of gender identity.<sup>13</sup> Understanding basic definitions such as these and taking measures to use a patient's preferred pronouns is one small but significant first step that emergency nurses can take to begin creating a gender-affirming practice environment.

Members of LGBTQ communities face particular biases and discrimination – whether intentional or not – in their interactions with the healthcare community. For instance, one study of transgender patients who had been to an emergency department within the preceding five years found a lack of staff and clinician knowledge about sex and gender that had a perceived effect on every level of patient care.<sup>14</sup> Many of the participants felt that neglecting to acknowledge gender identity (e.g., not inquiring about their gender identity and/or being inconsistent in their use of preferred names and pronouns) was disrespectful and dehumanizing.<sup>14</sup> In addition, certain health issues may be more prevalent in LGBTQ communities than in the general population. For example, contemplation of suicide by LGBTQ individuals is as high as 41%, and lesbians often do not receive appropriate screenings for cancer such as mammograms or Pap tests.<sup>12</sup> Recognition that many LGBTQ individuals do not have a healthcare home and may be reluctant to disclose their gender or sexual orientation can lead to disparities in care provision.<sup>15,16,17</sup> Care that is affirming and inclusive is critical to improve health outcomes and quality,<sup>16</sup> and the Centers for Medicare and Medicaid Services (CMS), The Joint Commission, and the Affordable Care Act have changed their standards and regulations to prohibit discriminating against patients because of their gender identity.<sup>7</sup>



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Emergency nurses can play a significant role in creating an accepting, gender-inclusive, open, and comfortable clinical environment. While some emergency departments may have structural limitations, there are still measures that can be taken to create a respectful setting.<sup>15</sup> Clearly, there is a need for further education and training. In emergency medicine, the Academy for Diversity and Inclusion in Emergency Medicine of the Society for Academic Emergency Medicine has made concerted efforts around LGBTQ emergency medicine curriculum development, provider education, and research.<sup>17</sup>

Additional efforts can be made, including providing education to all staff to promote a culture of inclusivity, sensitivity, and respect for all humans regardless of their ethnicity and/or gender diversity. Quality improvement efforts focusing on staff competency and communication training for gender inclusivity, cultural competence, electronic medical record modification, and assurance of private means for gender disclosure are some ways emergency departments can take steps to create an inclusive environment. Other measures include assuring resources are available for interpretive services in various languages with due consideration for the patient's literacy. It is important that emergency nurses advocate for the inclusion of the patient's cultural beliefs, gender identity, and practices in all dimensions of healthcare.

## Resources

The Fenway Institute. (2015). Do ask, do tell: A toolkit for collecting data on sexual orientation and gender identity in clinical settings. Retrieved from <http://doaskdotell.org/>

The Joint Commission. (2010). Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals. Retrieved from <http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>

Kolbuk, M. E. (2017). Care of the gender-expansive and transgender patient in the emergency care setting [ENA Topic Brief]. Retrieved from [https://www.ena.org/docs/default-source/resource-library/practice-resources/topic-briefs/care-of-gender-expansive-and-transgender-patients.pdf?sfvrsn=bbf8eb30\\_8](https://www.ena.org/docs/default-source/resource-library/practice-resources/topic-briefs/care-of-gender-expansive-and-transgender-patients.pdf?sfvrsn=bbf8eb30_8)

The Royal College of Nursing. (2017). Caring for lesbian, gay, bisexual or trans clients or patients: Guide for nurses and health care support workers on next of kin issues. Retrieved from <https://www.rcn.org.uk/professional-development/publications/pub-005592>

## References

1. American Nurses Association. (2018). Diversity awareness [Position Statement]. Retrieved from <https://www.nursingworld.org/practice-policy/innovation-evidence/clinical-practice-material/diversity-awareness/>
2. Emergency Nurses Association. (2017). Emergency nursing scope and standards of practice (2nd ed.) Des Plaines, IL: Author.



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3. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2018). Healthy people 2020: Disparities. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>
4. Mechanic, O. J., Dubosh, N. M., Rosen, C. L., & Landry, A. M. (2017). Cultural competency training in emergency medicine. *The Journal of Emergency Medicine*, 53(3), 391–396. doi:10.1016/j.jemermed.2017.04.019
5. Kolbuk, M. E. (2017). Care of the gender-expansive and transgender patient in the emergency care setting [ENA Topic Brief]. Retrieved from [https://www.ena.org/docs/default-source/resource-library/practice-resources/topic-briefs/care-of-gender-expansive-and-transgender-patients.pdf?sfvrsn=bbf8eb30\\_8](https://www.ena.org/docs/default-source/resource-library/practice-resources/topic-briefs/care-of-gender-expansive-and-transgender-patients.pdf?sfvrsn=bbf8eb30_8)
6. Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. *Injustice at every turn: A report of a national transgender discrimination survey*. (2011). Retrieved from [https://transequality.org/sites/default/files/docs/resources/NTDS\\_Exec\\_Summary.pdf](https://transequality.org/sites/default/files/docs/resources/NTDS_Exec_Summary.pdf)
7. ACA, 2010. Patient protection and affordable care act. In: Law, P. (Ed.), vol. 124, pp. 111e148.
8. Lowe, J., Archibald, C. (2009) Cultural diversity: The intention of nursing. *Nursing Forum*, 44(1), 12–18. doi:10.1111/j.1744-6198.2009.00122.x
9. Mitchel, A. M., Fioravanti, M., Founds, S., Hoffmann, R. L., & Libman, R. (2010). Using simulation to bridge communication and cultural barriers in health care encounters: Report of an international workshop. *Clinical Simulation in Nursing*, 6(5), e193–e198. doi:10.1016/j.ecsn.2009.10.001
10. The Joint Commission. (2011). Advancing effective communication, cultural competence, and patient- and family- centered care for the lesbian, gay, bisexual, and transgender (LGBT) community: A field guide. Oak Brook, IL: Author. Retrieved from [https://www.jointcommission.org/assets/1/18/LGBTFieldGuide\\_WEB\\_LINKED\\_VER.pdf](https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf)
11. The Joint Commission. (2010). Advancing effective communication, cultural competence, and patient- and family-centered care. A roadmap for hospitals. Retrieved from <http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>
12. The Fenway Institute. (2015). Do ask, do tell: A toolkit for collecting data on sexual orientation and gender identity in clinical settings. Retrieved from <http://doaskdotell.org/>
13. White Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015) Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science and Medicine*. 147, 221–231. doi:10.1016/j.socscimed.2015.11.010
14. Samuels, E. A., Tape, C., Garber, N., Bowman, S., & Choo, E. K. (2018). “Sometimes you feel like the freak show”: A Qualitative assessment of emergency care experiences among transgender and gender-nonconforming patients. *Annals of Emergency Medicine*, 71(2). 170–182. doi:10.1016/j.annemergmed.2017.05.002
15. Imborek, K. L., Nisly, N. L., Hesseltine, M. J., Grienke, J., Zikmund, T. A., Dreyer, N. R ... Krasowski, M. D. (2017). Preferred names, preferred pronouns, and gender identify in the electronic medical record and laboratory information system: Is pathology ready? *Journal of Pathology Informatics*, 8(42). doi:10.4103/jpi.jpi\_52\_17
16. Hadland, S. E., Yehia, B. R., & Makadon, H. J. (2016). Caring for lesbian, gay, bisexual, transgender, and questioning youth in inclusive and affirmative environments. *Pediatric Clinics of North American*, 63(6), 955–969. doi:10.1016/j.pcl.2016.07.001
17. Brown, J. F., & Fu, J. (2014) Emergency department avoidance by transgender persons: Another broken thread in the “safety net” of emergency medicine care. *Annals of Emergency Medicine*. 63(6), 721–722. doi:10.1016/j.annemergmed.2013.11.020



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