Promoting Equitable, Affirming, and Inclusive Environments for 2S LGBTQAI+ Nursing Students: Guidelines for Canadian Schools of Nursing

CASN Committee on Advancing SOGIESC Equity and Success

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Acknowledgements

Introduction

This document, developed by the CASN Committee on Advancing SOGIESC Equity and Success, offers a set of guidelines promoting equitable, affirming, and inclusive environments for nursing students who are Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, asexual, or intersex and/or belong to additional marginalized sexual or gender identities (2S LGBTQAI+).

This document first reviews background literature on the experiences of 2S LGBTQAI+ post-secondary students, demonstrating a clear and urgent need for change to ensure school of nursing environments that are free from discrimination based on sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). The document also includes a description of the conceptual framework orienting the guidelines, as well as definitions of terms used. Guidelines for schools of nursing are then presented, organized by the intersecting concepts of equity, diversity, and inclusion (EDI). These concepts contribute to achieving inclusive excellence and belonging for all people.

Relationality

This work is infused with our goal of centring relationality as human beings. Relationality involves recognizing our interconnected relationships, seeing each other as whole people, and acting with empathy. Relationality has the potential to, "through mechanisms of empathy, foster collective action in promoting sustainability and resilience" (Kan & Lejano, 2023, p. 5). Regardless of our expertise in or understanding of others' experiences, we have individual and collective responsibilities to treat others with dignity, respect, and empathy.

Background

In Canadian society and post-secondary environments, 2S LGBTQAI+ people are subjected to prejudice and discrimination (Centre for Innovation in Campus Mental Health, 2022). There is a demonstrated relationship between such experiences and an increased risk for multiple mental health issues (Meyer, 2003). Moreover, 2S LGBTQAI+ people who also face marginalization related to intersections of race; ethnicity; migration status; religion, faith, or belief system; age; disability; health status; social class; and/or education are at a greater risk for health-related disparities (Haghiri-Vijeh & Clark, 2022). The intersections of these marginalizations compound the stress experienced by nursing students and affect their success and future career (Comeau et al., 2023). In addition, 2S LGBTQAI+ nursing students can face infrastructure, building design, and policies that limit their access to physical spaces, such as changerooms and toilet facilities, as well as their sense of belonging in schools of nursing.

Campus Culture

Nearly half (47%) of students at Canadian post-secondary institutions have witnessed or experienced discrimination based on sexual orientation, gender identity and expression, and sex characteristics

(SOGIESC), and one-third of LGBQA+[1] students have experienced such discrimination in the post-secondary environment (Statistics Canada, 2020). The post-secondary environment can encompass travel to or from the institution; off-campus events organized by the institution; unofficial activities organized by students, faculty, or staff on or off campus; co-ops or clinical placements; and online where the people involved are students, faculty, or staff (Statistics Canada, 2020). Students reported that a peer was responsible for such instances of discrimination more often than a person in a position of authority at the institution (Statistics Canada, 2020).

Many LGBTQ+ students enrolled in post-secondary institutions experience "isolation, tokenism, invisibility, hyper-visibility, dismissal, exoticization, and [a] lack of institutional support" as a result of these experiences (Beagan et al., 2021, p. 197). They are also at a higher risk for adverse health outcomes such as suicide, anxiety, cancer, and arthritis (Comeau et al., 2023). Meyer (2003) put forward minority stress theory, a conceptual framework that can help explain the greater risk for adverse health outcomes among these students. 2S LGBTQAI+ students experience high levels of chronic stress that result from both anticipated and experienced stigmatization and discrimination, as well as cisheteronormativity (Comeau et al., 2023). Extending from this theory, Perrin et al. (2020), drawing from the minority strengths model, outline how "personal and collective strengths in minority populations combine to create resilience and positive mental and physical health" (p. 119). Perrin et al. (2020) emphasize that social support and community consciousness—which these guidelines provide strategies towards—can provide a "buffer" (p. 120) against chronic stress.

A study of mental health trends among non-heterosexual and heterosexual adults in Canada from 2003 to 2020 found that the relative differences between the two populations persisted or increased despite the introduction of policies against discrimination (Salway et al., 2024). Similarly, despite policies and programs within post-secondary institutions aimed at supporting LGBTQ+ students, faculty, and staff, the way in which these institutions operate "sustain[s] and reaffirm[s] traditional hierarchies of gendered and sexual oppression" (Preston & Hoffman, 2015, p. 65). Post-secondary institutions can create a "discourse of otherness" (p. 72) about LGBTQ+ students that maintains a hierarchy of heterosexuality and homosexuality in which LGBTQ+ students are measured against heterosexuality as the norm. This discourse tends to create a post-secondary environment that limits how students, faculty, and staff might "imagine new ways of being" that "allow for more freedom, that create spaces to confront violence, and that empower individuals to enact agency" (pp. 82–83).

Covert Discrimination

Covert discrimination, also called *microaggressions*, involves "subtle interactions, experiences, and conditions that cumulatively convey messages of not-quite-belonging" (Beagan et al., 2021, p. 198). Covert discrimination may be expressed verbally, in gestures, or through environmental cues that

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[1] In this instance, transgender, Two-Spirit, and intersex people are not included in the acronym as none of the participants in the study self-identified as such. Elsewhere in this document, only the identities represented in the research or study cited are included in the acronym used in that instance.

perpetuate stereotypes, invalidate identities, or undermine the experiences of individuals based on their race, SOGIESC, disability, or other aspects of their identity.

In this document, we have chosen the term *covert discrimination* over the term *microaggressions* to avoid the implication that these experiences of discrimination and their effects are minor. Covert discrimination is commonly experienced by 2S LGBTQAI+ post-secondary students, takes a heavy emotional toll, and is difficult to challenge because existing anti-discrimination policies are not designed to address these everyday "structural and interactional inequities" (Beagan et al., 2021, pp. 210–211). Examples of covert discrimination related to SOGIESC might include asking invasive questions about a person's anatomy or expecting someone to look a certain way based on their sexual orientation.

Systemic Oppression

Oppression, a systemic societal issue, refers to the interconnected and pervasive social, economic, and political structures, practices, and norms that disadvantage, discriminate against, and marginalize certain groups based on characteristics such as race, SOGIESC, class, disability, religion, migration status, and other identity markers. These systems operate at multiple levels—individual, institutional, societal, structural—to perpetuate inequality and maintain the dominance of privileged groups.

Systemic Oppression in Academia and Nursing Education

Nye and Dillard-Wright (2023) situate nursing education within a broader structure of interconnected systems of oppression that perpetuate normativity and othering. Implicit social norms "divide and subjugate non-dominant groups" (p. 194) to dominant groups, such as those who are white and heterosexual. Nursing and nursing education have their own norms, including white bourgeois femininity (Nye & Dillard-Wright, 2023). Thus, addressing SOGIESC-related inequities experienced by nursing students requires a broader commitment to interrogate and disrupt "both norms and the power and knowledge that produces them" (p. 194). To do so, Nye and Dillard-Wright put forward norm-criticism as a pedagogical approach, considering that "changing oppression requires disruptive knowledge, not simply more knowledge" (Kumashiro, 2002, p. 34). Norm-criticism requires asking questions about whose experiences, voices, and images are centred or excluded in classrooms, textbooks, research publications; competencies, simulations, and clinical environments; whose knowledge and expertise is counted or discounted; and who is considered "us" or "them" (Nye & Dillard-Wright, 2023). Research, including health research, has significant gaps in data on transgender, non-binary, and intersex people (Ackley et al., 2023).

Systemic Oppression in Health Care

While 2S LGBTQAI+ post-secondary students are at an increased risk for health-related issues, they may also face inequities in health care, compounding this risk. Although studies in Canada report a recent increase in positive attitudes from nurses and physicians towards 2S LGBTQAI+ people, discriminatory attitudes remain a major problem (Comeau et al., 2023; Haghiri-Vijeh, 2022). Transgender and non-binary people in Canada experience discrimination, neglect, and abuse when accessing health care, as

well as barriers related to the availability and quality of gender-affirming health care depending on their geographical location (Kay, 2023).

Furthermore, SOGIESC that are considered "non-normative" have been stigmatized and pathologized in health care through, for example, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* and the World Health Organization's *International Classification of Diseases* (Thomas-Castillo & Rush, 2023).

Curriculum

Health professional education often focuses on curricular reform to change attitudes, understandings, and beliefs among students. Hafferty (1998) argued that a focus on the formal curriculum alone has been unsuccessful in medical education and proposes instead that the school be thought of as a learning environment, and reform initiatives should focus on what students learn rather than what they are taught. Often, what students learn occurs through both an informal curriculum and a hidden curriculum (Hafferty, 1998). The informal curriculum consists of unscripted learning that occurs in relationships and interactions among faculty and students. The hidden curriculum refers to the values, customs, and priorities conveyed through an institution's structure and culture and may be uncovered by examining institutional policies, evaluation activities, resource-allocation decisions, and institutional slang.

Conceptual Framework

The overlapping concepts of EDI enacted within the three dimensions of curricula—formal, informal, and hidden (Hafferty, 1998)—address interlocking systems of oppression and provide an overarching framework for the set of guidelines in this document. Schools of nursing need to enact the principles of EDI in all three dimensions of curricula.

Equity refers to the removal of systemic barriers to address systems of oppression to ensure fairness, impartiality, and social justice in how people are treated and how resources are distributed. This work involves identifying and addressing the complex and intersecting forms of disadvantage that people face related to characteristics such as race, SOGIESC, socio-economic status, and disability (Canada Research Coordinating Committee [CRCC], 2024). Equity also includes ensuring the accessibility of resources, services, and opportunities to all by removing or accommodating social, cognitive, or physical barriers.

Diversity pertains to a "variety of unique dimensions, identities, qualities and characteristics individuals possess" (CRCC, 2024, para. 12). It is about recognizing and valuing the uniqueness of everyone, seeking differences, and ensuring they are respected and integrated into the fabric of an organization or community. Enhancing diversity entails actively seeking individuals who possess a wide range of identities and perspectives.

Inclusion is concerned with the creation of a culturally safe environment in which all individuals and groups "are valued and respected for their contributions and are supported equitably" (CRCC, 2024, para. 12). An inclusive institution ensures that all people experience a sense of belonging. Thus, to

promote inclusion, institutions must develop social and cultural contexts in which all people feel comfortable and psychologically safe.

Definitions of Terms

Terms, acronyms, and definitions evolve. We recognize that the acronyms used in this document may need to change in the future. We also recognize that our definitions explain our understanding of them at the time of writing and may also need to change in the future.

2S LGBTQAI+

This acronym includes Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and additional non-cisgender or non-heterosexual people. It represents fluid and living concepts, which creates a challenge in determining which identities should be included. The acronym *2S* is written apart from the rest of the acronym to distinguish the concept of Two-Spirit from Western identities of sexual orientation and gender identity, following the guidance of Pruden & Salway (2020).

Accessibility

"The design of products, devices, services, or environments for people who experience disabilities" (Accessibility Services Canada, n.d., para. 1).

Asexuality

"A sexual orientation or identity describing people who experience little or no sexual attraction and/or sexual desire for sexual contact with others and/or interest in participating in sexual relationships or sex, etc." (Immigration and Refugee Board Canada [IRB], 2021, section 2.12).

Cisgender

An adjective used to describe people whose gender identity matches the sex they were assigned at birth.

Cisheteropatriarchy

A social system of power through which settler colonialism operates in which cisgender identity, "heterosexuality and patriarchy are perceived as normal and natural, and in which other configurations are perceived as abnormal, aberrant, and abhorrent" (Arvin et al., 2013, p. 13).

Cisnormativity

The worldview that everyone should be, or is by default, cisgender, "a perspective [that] reinforces a narrow and exclusive understanding of gender diversity, systematically oppressing and overlooking the lived experiences of individuals whose gender identities do not match the [sex] that they were assigned at birth" (Salinas-Quiroz et al., 2024, p. 1).

Heteronormativity

An "implicit moral system or value framework" that privileges heterosexuality, gender conformity, and the nuclear family as the default, natural, and superior (Oswald et al., 2005, p. 144).

Intersectionality

Coined by Kimberlé Crenshaw, this concept captures "how a person's different social and political identities can combine and overlap to create different and increased levels of discrimination" (CRCC, 2024, para. 17).

Intersex

An umbrella concept, this term refers to "individuals born with sex characteristics, such as reproductive or sexual anatomy or sex chromosomes, that do not align with binary categories of either male or female" (IRB, 2021, section 2.8).

Non-binary

A range of gender identities that are not aligned exclusively with the binary of either "man" or "woman." Non-binary people may identify as both man and woman, as neither, as somewhere along a spectrum, or as outside of the binary altogether.

Restorative justice

"A response to wrongdoing that prioritizes repairing harm and recognizes that maintaining positive relationships with others is a core human need. It seeks to address the root causes of crime, even to the point of transforming unjust systems and structures" (Restorative Justice Exchange, n.d., para. 1). "The principles of restorative justice are based on respect, compassion and inclusivity. Restorative justice encourages meaningful engagement and accountability. It provides an opportunity for healing, reparation and reintegration" (Nishnawbe-Aski Legal Services Corporation, n.d., para. 2).

Sex assigned at birth

An identity assigned to a child at birth, typically by a medical professional, most often based on the child's external genitalia. A child is commonly assigned "female" or "male."

Social justice

This concept is concerned with the fairness in how resources, opportunities, and privileges are distributed within a society. It involves ensuring that all individuals have equal access to resources and opportunities and rectifying systemic inequalities and injustices.

SOGIESC

This acronym stands for sexual orientation, gender identity and expression, and sex characteristics. This acronym is not interchangeable with *2S LGBTQAI+*. It can be pronounced *soh – djee – ESK*.

> **Sexual orientation**: "The pattern of a person's physical, romantic and/or emotional attraction to others, and/or how they engage in, intimate relationships. Sexual orientation may include attraction to the same gender, a gender different than one's own, more than one gender, or none. A person's

understanding of their sexual orientation may change and/or be fluid. An individual may identify as having one or multiple sexual orientations" (IRB, 2021, section 2.5).

Gender identity: "Each person's internal experience and understanding of their gender. It is their sense of being a woman, a man, both, neither, or being anywhere along the gender spectrum. A person's gender identity may be the same as, or different from, their sex assigned at birth. A person's understanding of their gender may change, therefore, the terms they might use to define their identity may also change and/or be fluid" (IRB, 2021, section 2.4).

Gender expression: "How a person expresses or presents themselves in ways that may be associated with gender, including how a person is perceived in relation to gender in a particular cultural context. This can include behaviour and outward appearance such as dress, hair, makeup, body language, mannerisms, gait, and voice. A person's chosen name and pronouns are also common ways of communicating gender. How a person expresses their gender may change and/or be fluid" (IRB, 2021, section 2.4).

Sex characteristics: "Each person's physical features relating to sex, including genitalia and other sexual and reproductive anatomy, chromosomes, hormones, and secondary physical features emerging from puberty" (IRB, 2021, section 2.3.1).

Systemic/structural oppression

Pervasive and institutionalized forms of discrimination and inequality that are embedded in the structures of society. It encompasses the budget appropriations, laws, policies, practices, and cultural norms that systematically advantage certain groups while disadvantaging others based on race, gender, class, sexuality, ability, and other social categories. This type of oppression is maintained and perpetuated through various institutions, including the legal system, education, employment, housing, and health care, leading to unequal opportunities and outcomes for marginalized groups (Young, 1990).

Transgender

An adjective used to describe people whose gender identity differs from the sex they were assigned at birth.

Transnormativity

An ideology that arranges transgender identities and experiences into a "hierarchy of legitimacy" that privileges identities and experiences that conform to a binary model and involve medical transition (Johnson, 2016, p. 466).

Two-Spirit

"A community organizing strategy or tool and a way to describe oneself. It is a way to organize the Indigenous Peoples of Turtle Island who embody diverse sexualities, gender identities, roles and/or expressions. Two-Spirit is meant to facilitate Indigenous Peoples' connections with Nation-specific expressions and roles of gender and sexual diversity. It is a way for Indigenous Peoples to reconnect

with their traditional languages, ways and cultures within a pre-Colonial setting" (Pruden & Salway, 2020, p. 1).

Methodology

The committee conducted an environmental scan and literature review before drafting the guidelines. The draft document was adopted by consensus. The committee presented the guidelines at a virtual consultation forum to participants from across Canada and Canadian schools of nursing. Following revisions based on the virtual forum, the guidelines were sent to schools of nursing to complete a validation survey. The committee then produced this final version of the document.

Guidelines

The following guidelines are organized under the concepts of equity, diversity, and inclusion. The three dimensions of curriculum (Hafferty, 1998) are integrated into individual guidelines.

The aim in creating these guidelines is to help schools of nursing foster environments that are inclusive and affirming of SOGIESC diversity and develop accountable practices that contribute to 2S LGBTQAI+ students' experiencing a sense of belonging.

1. Equity

Identify and address health and wellness disparities to ensure fair and just treatment of 2S LGBTQAI+ nursing students.

1.1 Education for Faculty, Instructors, and Staff (all dimensions of curriculum)

Education programs for faculty, clinical and lab instructors, preceptors, and staff should prepare them to:

1.1.1   Continue learning about SOGIESC diversity, and engaging in critical self-reflection on their beliefs, attitudes, and biases related to transnormativity, cisnormativity, cisheteropatriarchy, heteronormativity, intersectionality, and privilege.

1.1.2   Demonstrate awareness of relevant terminology and resources for SOGIESC diversity.

1.1.3   Increase understanding of the health and wellness challenges faced by 2S LGBTQAI+ students.

1.1.4   Implement strategies to provide more comprehensive health and wellness services that are inclusive and affirming of SOGIESC diversity.

1.1.5   Intervene in instances of overt and covert discrimination based on SOGIESC.

1.1.6   Attuned to intersectionality, build meaningful and reciprocal relationships with 2S LGBTQAI+ community partners (i.e., establishing local peer support; offering clinical placements with 2S LGBTQAI+ community organizations).

1.2 Safe and Supportive Environment (all dimensions of curriculum)

Schools of nursing, faculty, clinical and lab instructors, preceptors, and staff should:

1.2.1   Provide students with information on culturally safe and SOGIESC-affirming internal and external resources such as local 2S LGBTQAI+ organizations, health care providers, and human rights services, as well as avenues to access these resources anonymously.

1.2.2   Recognize that some 2S LGBTQAI+ students may not be "out" to peers, friends, family members, and/or educators, and their privacy must be respected.

1.2.3   Develop evidence-informed approaches for implementing trauma- and violence-informed teaching related to SOGIESC, recognizing that both interpersonal and structural violence cause trauma.

1.2.4   Seek regular, voluntary input and anonymous feedback from students regarding the SOGIESC-related support services they are being offered and areas for improvement.

1.2.5   Engage in regular critical discussions among faculty, staff, and clinical partners about supporting the needs of 2S LGBTQAI+ students, fostering their success, and ensuring greater equity in the learning environment, while avoiding tokenizing any 2S LGBTQAI+ people involved in these discussions.

1.2.6   Ensure access to counselling services tailored to the intersectional needs of 2S LGBTQAI+ students.

1.3 Laws, Policies, and Procedures (hidden curriculum)

Schools of nursing, faculty, and staff should:

1.3.1   Comply with legislation and policies that protect the human rights of 2S LGBTQAI+ students.

1.3.2   Advocate for protecting SOGIESC-related rights by challenging laws or policies (including institutional policies) that deny or threaten to deny human rights, well-being, and/or personal dignity.

1.3.3   Regularly create, review, and update school of nursing policies and procedures that address the needs of 2S LGBTQAI+ students, and seek their voluntary representation in activities and on committees.

1.3.4   Take a restorative justice approach to support resolving occurrences of overt and covert discrimination.

1.3.5   Provide students with clear and easy-to-understand information on the legal rights of 2S LGBTQAI+ individuals and legal services.

2. Diversity

Amplify the representation and voices of 2S LGBTQAI+ students in schools of nursing.

2.1 Admissions Policies (hidden curriculum)

Schools of nursing should:

2.1.1   Implement admissions policies that centre the whole person and welcome SOGIESC diversity but respect an applicant's decision to disclose or not disclose these identities.

2.1.2   Review admissions policies with voluntary input from 2S LGBTQAI+ students and experts to identify and rectify any biases or discriminatory barriers that might affect their acceptance into the program.

2.1.3   Review the admissions process with voluntary input from 2S LGBTQAI+ students and experts to identify and rectify steps in the process that might be a discriminatory barrier to their admission.

2.2 Curricular Content (formal curriculum)

Nursing faculty, clinical and lab instructors, and preceptors, in consultation with 2S LGBTQAI+ organizations and community members, should:

2.2.1   Build their capacity to integrate an understanding of the health, human rights, and social care of 2S LGBTQAI+ people in their teaching.

2.2.2   Include up-to-date content, learning materials, and resources related to intersectional 2S LGBTQAI+ identities and SOGIESC diversity in classroom, clinical, and lab courses.

2.2.3   Provide content on 2S LGBTQAI+ health and SOGIESC diversity in clinical skills training and simulation scenarios.

2.2.4   Draw on the voluntarily shared lived experiences of 2S LGBTQAI+ people when teaching course content related to these identities while avoiding tokenism and the extraction of knowledge.

2.2.5   Ensure that course learning outcomes reflect enhanced intersectional competence in SOGIESC diversity and the care of 2S LGBTQAI+ people.

2.3 Sharing 2S LGBTQAI+ Perspectives (formal and informal curricula)

Nursing faculty, clinical and lab instructors, preceptors, and staff should receive education to:

2.3.1   Demonstrate awareness of SOGIESC diversity and the intersections with race, ethnicity, disability, socio-economic status, colonization, migration status, and other factors by applying this awareness in their work.

2.3.2   Model safe conversations with 2S LGBTQAI+ students that welcome contributions from all students.

2.3.3   Support 2S LGBTQAI+ students who want to contribute their perspectives to course discussions without singling them out to educate others on 2S LGBTQAI+ topics or issues.

3. Inclusion

Ensure that 2S LGBTQAI+ students experience a sense of belonging, including feeling empowered, connected, welcomed, respected, and part of the school of nursing community.

3.1 Affirming Environment (hidden curriculum)

Schools of nursing, nursing faculty, clinical and lab instructors, preceptors, and staff should:

3.1.1   Provide optional opportunities for specifying pronouns and chosen names on course forms and during introductions in courses, labs, or clinical placements.

3.1.2   Use a person's correct pronouns and chosen name (as identified by the person) in all situations and learn appropriate ways to quickly correct oneself and move on after making a mistake.

3.1.3   Offer a mentorship program for 2S LGBTQAI+ nursing students with trained, informed, and supportive mentors.

3.1.4   Facilitate the formation of peer support networks for 2S LGBTQAI+ students.

3.1.5   Advocate for the post-secondary institution and clinical placement service agencies to ensure there are gender-neutral single-stall and multi-stall restrooms and changeroom facilities that are physically accessible and equipped with changing stations and menstrual supplies.

3.2 Covert Discrimination and Harassment (informal and hidden curricula)

Nursing faculty, clinical and lab instructors, preceptors, and staff should:

3.2.1   Provide a culturally inclusive and safe space for 2S LGBTQAI+ students, by communicating clear expectations for behaviour and language in classroom, laboratory, and clinical settings.

3.2.2   Address and intervene in instances of overt and covert discrimination when they occur.

3.2.3   Provide clear mechanisms for students to report instances of harassment and mistreatment based on SOGIESC, ensuring clear information about how to use the reporting process and who will be involved in handling the report.

3.2.4   Provide a comfortable, trauma- and violence-informed space for 2S LGBTQAI+ students to share experiences, challenges, and resources through initiatives such as support groups led by faculty, staff, and/or trained peers.

Conclusion

This document provides Canadian schools of nursing with guidelines to create transformative positive change for 2S LGBTQAI+ students. All nursing students in Canada deserve to learn in an environment free from discrimination based on SOGIESC. Canadian schools of nursing must prioritize safer, inclusive, and affirming environments for 2S LGBTQAI+ students. Nursing education environments that are free from discrimination based on SOGIESC are one step towards collective liberation.

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Appendix: Further Resources

Toolkits and Guidelines

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Online Courses

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- TransCare BC: various courses. https://www.transcarebc.ca/education-centre

- Transplaining: Trans Health Series for Providers. https://courses.transplaining.info/trans-health-series-for-providers

- Wound, Ostomy and Continence Institute: 2SLGBTQIA+ Basics for Health Care Professionals. https://www.wocinstitute.ca/2slgbtqia

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