

Executive Summary of the Findings & Recommendations on Gender Diversity in the Nursing Profession

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This report documents the experiences and needs of transgender, Two-Spirit, and gender diverse (T2SGD) members of the BC Nurses' Union (BCNU) along with the insights and needs of non-T2SGD members. The consultation process, which occurred from February 2022 to March 2022, highlights the cumulative challenges that prevent or complicate T2SGD members' full participation at work and in the union. In light of these issues, 12 evidence-based recommendations are proposed to change cultures, systems, procedures, and spaces for greater support and inclusion of T2SGD members.

Situation

In general, T2SGD employees face grave and unique challenges in the workplace (CCDI 2015, Fosbrook et al 2020, HRC 2016, Sandy et al 2016, and TPC 2020). These challenges are often endured largely in isolation and silence. These barriers are part of a broader context of systems, spaces, and practices informed and shaped by colonialism, racism, ableism, sexism, and cis- and hetero-centrism that consistently exclude and challenge T2SGD access to basic human rights. Specific to the nursing profession, these issues occur in the context of a majority-woman profession with several existing gender-related issues among cisgender women and men (e.g., pay equity and representation in leadership).

Before this project, the challenges that T2SGD nurses faced were primarily known on an anecdotal basis among BCNU members. That is, few robust, industry-specific studies existed to better understand the pervasiveness and depth of the challenges (MacDonnell and Grigorovich 2012; Mansh et al 2015). The research before this project underscores an "extremely small pool of openly trans-identified health providers," who frequently face employment precarity (MacDonnell and Grigorovich 2012).

While there has been a lack of research on the specific and unique needs of T2SGD nurses, initial insights have surfaced in reporting as part of intersecting research, including *In Plain Sight* (Turpel-Lafond 2020), *Truth and Reconciliation Calls to Action* (TRC 2015), *Murdered and Missing Women's Commission* (NIMMIWG 2019), and *Disaggregated demographic data collection in British Columbia: The grandmother perspective* (BCOHRC 2020).

This project is among the first in-depth, rigorous investigations and, as such, fills an important gap in understanding and reveals the persistent and varied issues facing this vulnerable demographic. In general, the situation is worse than T2SGD nurses feel safe to share and that many non-T2SGD nurses are able or willing to notice.

Background

Within this broader context, BCNU's Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) caucus received increasing reports from T2SGD members about workplace discrimination, bullying, and harassment throughout the COVID-19 pandemic. These issues were discussed with a working group of its members to determine ways to advocate for greater safety at work. In July 2021, the caucus brought forward to BCNU's Council the recommendation for a member-wide survey, which was approved. Hearing directly from members is intended to be the first step in equitably addressing the concerns of an increasingly diverse membership.

Methods

To ensure best practices are used, the BCNU contracted TransFocus Consulting to conduct the survey on gender diversity from February 2022 to March 2022. All members of BCNU were invited to complete the survey, which contained both quantitative and qualitative questions. A total of 607 members participated, including 52 who are T2SGD and 17 who are questioning if they are T2SGD.

The purpose of the survey was to understand the unique experiences and needs of T2SGD members as well as needs of non-T2SGD members to ensure greater inclusion of gender diversity at the BCNU and in workplaces. The BCNU has direct control over changes to its own structures and culture, including staff and members, and has indirect influence over employers' cultures and structures through collective bargaining processes and ongoing discussions.

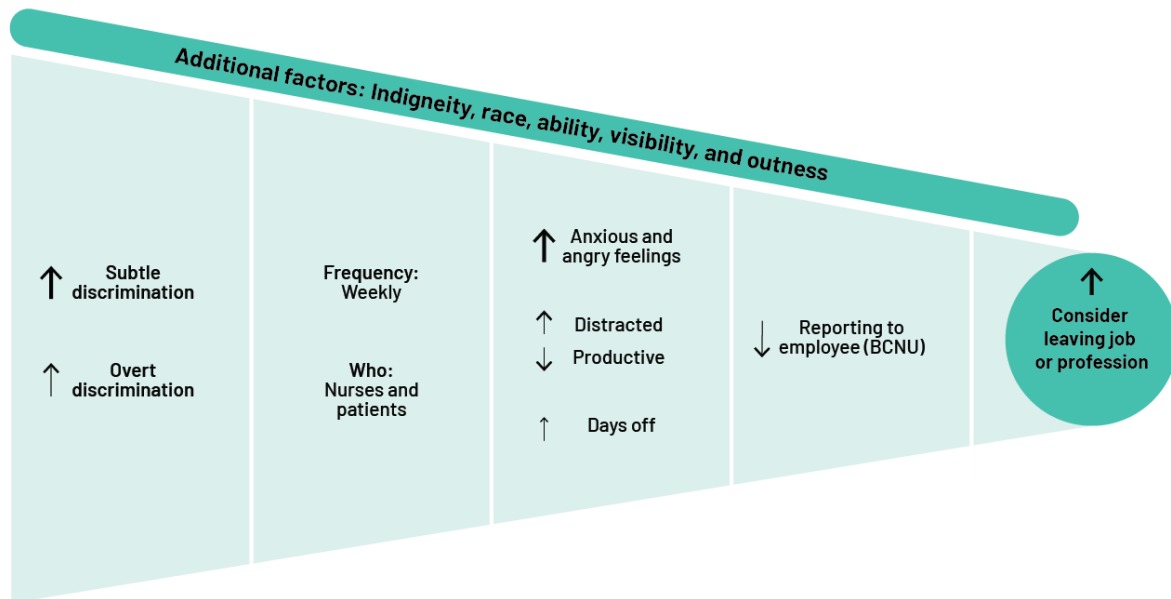
Assessment

In general, T2SGD respondents report overall negative experiences and lower sense of safety. In particular, a substantial majority of T2SGD respondents (81%) report direct experiences of discrimination at work. These experiences were mostly at the hands of both other nurses and patients. These have caused T2SGD members to have increased experiences of anxiety, depression, and in some cases violence, leading many to use more sick time and consider leaving their jobs and/or the profession. These outcomes are depicted in Figure 1. The majority of T2SGD respondents who have experiences of discrimination also observe other T2SGD people being discriminated against in the workplace.


Despite these serious challenges and their harmful impacts, T2SGD respondents are less likely to report these instances to their employers and, to an even lesser extent, the BCNU as compared to sharing with informal channels. The main reasons that prevent T2SGD respondents from reporting are concerns about outing themselves and/or being misunderstood. T2SGD respondents of colour and Two-Spirit respondents report lower levels of gender-based challenges; however, are more likely to be planning to leave the profession (more so than leaving the workplace). This points to the likely cumulative effects of intersectional experiences, including gender- and race-based discrimination.

By contrast, non-T2SGD respondents assess their levels of preparedness to be high despite lower knowledge of T2SGD issues. Furthermore, the majority of non-T2SGD respondents report that employers have not offered education on gender diversity.

Figure 1. Summary of Common Challenges faced by T2SGD Nurses in the Profession



Based on the statistics gathered and stories shared in the survey, there are six prevailing themes arising from the consultation process that inform and shape the recommendations going forward. While many of these findings point to deep, pervasive challenges whose solutions are not simple, they also bear the blueprint to create greater safety, inclusion, and belonging in the workplace, with benefits extending beyond T2SGD nurses.

<p>Key Theme A</p>	<p>T2SGD respondents report two to three times higher negative experiences compared to non-T2SGD and questioning respondents</p>
<p>T2SGD respondents felt more unsafe (44%) with overall negative experiences (45%) related to their gender at work. They also faced more overt and subtle forms of discrimination from nurses and patients, including jokes, invasive questions, accidental misgendering, and bullying, which occur on a frequent basis. Most of the discrimination experienced by T2SGD respondents is from other nurses (67.6%).</p>	 <p>80.8% of T2SGD respondents report some form of discrimination compared to 43.8% of non-T2SGD respondents</p>
<p>Key Theme B</p>	<p>Fewer T2SGD respondents report to employers and the BCNU compared to talking informally about their challenges</p>
<p>T2SGD respondents expressed hesitation to come forward about their experiences with discrimination, citing concerns about outing themselves to their employers (52%) or not knowing how to report to BCNU (47%). T2SGD respondents worried about employers not understanding their experiences (76%).</p>	<p>23.1% of T2SGD respondents report to nursing supervisors and 20.5% to BCNU stewards</p>

Key Theme C T2SGD respondents with intersectional experiences are more likely to leave the profession given cumulative impacts

Respondents with intersecting identities, including Two-Spirit and people of colour (POC), reported moderate gender-based challenges. However, they were much more likely to be planning to leave the profession than the other T2SGD respondents, which may point to combined impacts with racism.



50% of Two-Spirit and 56% of POC respondents intend to leave the profession

Key Theme D Non-T2SGD respondents report low levels of employer-provided education on gender diversity and low levels of knowledge retention for those whose employers do provide sessions

Part of improving conditions for T2SGD members is educating non-T2SGD respondents. However, only 40% of non-T2SGD respondents report that their employer provided education on gender diversity to date. However, the majority that attend employer-provided sessions do not increase their knowledge and competency. This is an important matter, because knowledge is correlated to support for T2SGD people.



51.7% respondents with low knowledge on TGD issues attended education sessions

Key Theme E Irrespective of gender, there are preferences for passive ways of obtaining and providing pronouns during interactions, especially with patients





Survey results identified a range of current practices related to pronouns in the workplace with the lead approaches focused on noting pronouns and addressing people in gender-neutral ways (e.g., by their first name or “they/them” pronouns). Common concerns about more active ways to provide pronouns (regardless of identity) are rooted in time taken to explain to the other person (if they are confused, especially older patients) and forefronting one’s own identity (including outing for T2SGD people who use pronouns other than “she” and “he”).



47.7% of non-T2SGD respondents address people in a gender-neutral way

Key Theme F Respondents across gender identities report limitations of current gender-based job responsibilities

Several aspects of job responsibilities are organized by gender at some job sites. That is, men are expected to take on tasks involving physical strength and risk (e.g., lifting patients and/or managing patients using force), while women are expected to, and men are discouraged from, personal care and female-focused care. This approach presents challenges and complexities to T2SGD nurses who do not fit into these binaries, and also limits cisgender women and men interested in particular fields.

	<p>"I am constantly misgendered at work by my colleagues. I am open about being nonbinary and have let everyone know my pronouns are they/them but it's exhausting to constantly be correcting folks." - T2SGD Respondent</p>
	<p>"[My] gender identity [is] directly part of my Indigenous identity. All co-workers [are] white, no other Indigenous co-workers, racism towards Indigenous patients and communities is constant and overt." - T2SGD Respondent</p>
	<p>"I have received murder threats and attempts at work for being transgender. I have lasting trauma. ... I've been put in choke holds, thrown against a wall, and forcibly confined." - T2SGD Respondent</p>
	<p>"I have witnessed groups of nurses come from other units "to see what the patient looked like," peering around the corner into a multiple bed room into a transgender patient's room, who was asleep. This was not the last time I witnessed the violation of the privacy and dignity of a trans patient in the hospital in this manner. ... There was also misgendering, hypothesizing about the function of the patient's genitals, when/where they had surgery, and so on. This was intensely traumatizing to witness and I took the next shift off to be away from this behaviour." - T2SGD Respondent</p>



Recommendations

In light of these key findings, TransFocus developed a set of 12 recommendations to address the challenges and needs of T2SGD people and encourage non-T2SGD to be more respectful and inclusive of T2SGD people. In general, the recommendations seek to expand options, reduce assumptions, and clarify practices in the workplace. Table 1 summarizes the recommendations.

Table 1. Summary of Key Recommendations to Support T2SGD Nurses

#	Key Actions for BCNU	Applies to Employers?
1	Provide education on gender diversity to all levels of staff	Yes
2	Introduce or improve systems changes (e.g., first name and pronouns fields and voluntary gender data)	Yes

3	Introduce or improve procedures (e.g., pronoun protocols, gender-affirming care in health care coverage, and parental leave of absence)	Yes
4	Introduce peer-to-peer support, including networking and Two-Spirit Elders	Maybe
5	Create information to empower T2SGD members	Yes
6	Create greater awareness of key T2SGD issues among BCNU members	Yes
7	Conduct more qualitative research on intersectional issues	N/A
8	Educate Stewards and LROs to support specific advocacy of T2SGD members	N/A
9	Introduce anonymous feedback mechanism	Maybe
10	Ensure harassment-free access to washrooms and showers	Yes
11	Add gender-based lens to violence reduction strategies	Yes
12	Create gender-inclusive job responsibilities	Yes

	<p>“Stewards, Labour Officers, OHS, EDMP, and Council Chairs (all levels of membership and staff) need to receive training on all equity seeking groups and how to support them through experiences of bullying and harassment, or other workplaces issues. ... Currently there is a lack of knowledge about how to support nurses when the issue is direct, but often this is not the most common issue, perhaps due to lack of reporting.” - T2SGD Respondent</p>
	<p>“Better reporting for discrimination to someone other than management. They don't get that they are part of the problem.” - T2SGD Respondent</p>