Cultural Diversity and Gender Inclusivity in the Emergency Care Setting

The basic moral premise of the practice of nursing is respect for human dignity (Gurney et al., 2017). Knowledge of culture including beliefs, traits and attributes assist the professional nurse/emergency nurse to provide ethical carefree from bias (Gurney et al., 2017). It is well known that disparities in healthcare and access to care can present a threat to the well-being of certain populations (Healthy People 2030, 2020). Understanding the impact that culture has on interactions is essential for emergency nurses, whether they practice in a clinical, educational, research, or administrative setting (Gurney et al., 2017). The nurse-patient encounter blends three cultural systems: the culture of the nurse, the culture of the patient, and the culture of the setting (ENA, 2017).

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/questioning, intersex, and asexual/aromantic/agender (LGTBQIA) communities are like any other self-identifying group of people that is more readily labeled as a “culture” (LGBTQIA, 2022; ENA, 2019, Kolbuk, 2016). Like many cultures, LGBTQIA individuals have specific health disparities when compared with the general population (Healthy People 2030, 2020; ENA, 2019).

In 2021, The American Association of Colleges of Nursing (AACN) an accrediting body for nursing education released The Essentials: Core Competencies for Nursing Education (AACN, 2021). In response to societal and cultural norms surrounding ethnic and gender issues evolving, The Essentials contains specific language to support nursing education for populations to promote health equity and social justice (AACN, 2021). The Essentials provides a competency-based foundation for improvements in undergraduate and graduate nursing education.

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.
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 and have access to resources 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 (Horvat et al., 2014). Cultures can be ethnic, but not necessarily so. The communities that form around gender identity and diversity (e.g., the LGBTQIA 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 (The Joint Commission, 2011). Culturally 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 (The Joint Commission, 2011).

Globalization of the world economy has led to increasing dispersion of individuals around the world. The concept of cultural competence and cultural humility has spread to many countries as a result. A qualitative study in Finland resulted in a recommendation to encourage continued discussion among nurses to improve understanding of different cultures represented in the emergency department population (Kaihlanon et al., 2019). A cross-sectional study completed by Baratipour et al. (2022) in Iran, a country with several native languages and regional dialects, revealed correlation between higher cultural intelligence scores and increased communication skills. Increased communication skills lead to better social interactions between nurses and patients in the emergency setting.

Healthcare systems and providers can improve access to care and respond to an increasingly heterogeneous patient base by providing culturally relevant, responsive services (The Joint Commission, 2010). 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 participate in their own care actively and responsibly (The Joint Commission, 2010). If in doubt concerning cultural preferences, ask the patient, do not assume to avoid stereotyping individuals (Stubbe, 2020). Effective communication is a critical aspect of safe, quality patient care 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 (The Fenway Institute, 2022; The Joint Commission, 2011; Horvat, 2014).
Emergency nurses are on the forefront of patient care in emergency departments and must advocate for all patients regardless of culture. Nursing programs, as well as many emergency medicine physician training programs include cultural competency training in their curriculum. A study by Mechanic et al. (2017), identified gaps in education versus performance of emergency department physicians. A large cross-sectional study highlighted the disparity of racial and ethical diversity in imaging among pediatric patient in emergency departments using the Pediatric Health Information System in the United States (Samuels-Kalow et al., 2022). The study revealed a higher rate of imaging in non-Hispanic White children in emergency departments. This illustrates that despite ongoing cultural and inclusivity training, disparities in healthcare remain.

Gender identity is related to a person’s internal sense of being male, female, both, or neither and often begins at a young age (ENA, 2019; Kolbuk, 2016). Sex is determined by anatomic and physiologic features. 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 (ENA, 2019; Kolbuk, 2016). 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 (ENA, 2019, Kolbuk, 2016). 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 (ENA, 2019). The Centers for Medicare and Medicaid Services (CMS), The Joint Commission, and the Affordable Care Act have standards and regulations to prohibit discriminating against patients because of their gender identity (ACA, 2010).

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 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**


References


Retrieved 8/7/2022

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