Linking Nursing Ethical Inquiry to the Community Health Nursing (CHNAC) Standards of Practice: A Case Study

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Overview

- Situating this inquiry
- Methodology: qualitative case study & feminist bioethics framework
- Data collection & analysis
- Findings
- Implications for Nursing: CHNAC Standards of Practice

Health & Well-being of Sexually/Gender Diverse Communities

- Lesbian, gay, bisexual, transsexual, transgender, Two-Spirit, intersex, queer, questioning
- Sexual orientation: Lesbian, bisexual, gay, heterosexual
- Gender identity (e.g., transsexual, transgender, genderqueer): (sense of being either/both male, female)

CHNAC Standards of Practice (CHNAC, 2003)

1. Promotes health
2. Builds individual and community capacity
3. Demonstrates connecting and caring
4. Facilitates access and equity
5. Demonstrates professional responsibility and accountability

Why Nursing Ethical Inquiry?

- Nursing perspective of CHN practice
- Examination of practices, values, priorities, everyday realities, systems and structures
- Importance of ethical approach: feminist bioethics

Methodology:

Feminist Bioethics framework

(Peter, Sweatman, & Carlin, 2005)

1) Relational nature of social/human relationships (i.e, interconnectedness of intrapersonal, interpersonal, persons/social worlds

2) Relations of difference, (e.g., intersections of gender, race), power & privilege and implications: health disparities

3) Actions that enhance social justice and care

Case Study

- Case study of the PHA workgroup (Stake, 2003)
- The Public Health Alliance for LGBTTTIQQ Equity (PHA)
- Enhancing care for vulnerable groups (Rafael, 2005)
- Processes in workgroup that normalize, marginalize, privilege certain practices and actors in order to identify barriers to nurses' ultimate ability to provide high quality care

The Case: Public Health Alliance (PHA)

- Workgroup of Ontario Public Health Association

- Emerged as forum for support in 1997
- Nurses key participants
- Shifting membership over time
- Raising awareness, providing personal and professional support, education, research, policy

- Q re: public health practitioners' role in enhancing sexual minorities' access to high quality health care?

Data Collection:

Policy Documents from PHA (1999-2003)

1) Duncan et al. (2000). *Improving the Access to and Quality of Public Health Services for Lesbians and Gay Men.*
2) PHA. (2002).*Ethical Research and Evidence-Based Practice for Lesbians and Gay Men.*
3) Dobinson et al., (2005). *Improving the Access to and Quality of Public Health Services for Bisexuals.*
4) Gapka & Raj et al. (2003). *The Trans Health Project.*

Plus critical literature: nursing practice/research with minorities

Position Papers

- Well-documented health disparities
- Focus on populations at risk, behavioural change
- Invisibility, inconsistency in research, practice, curriculum
- Particular needs of lesbians, gays, bisexuals, trans communities across ethnoracial status, age, geographic setting

- Use of participatory action research (PAR)

Articulation of Values

- Policy resolution: *Ethical Research and Evidence-Based Practice for Lesbians and Gay Men (2002)*

- Whose knowledges?
- Authority to create knowledge?
- Actors? Constraints on participating in knowledge production?

Equitable Participation/Input by Diverse Members of LGBTQ Communities...

1. Research on/with the communities

2. Research funding policies/guidelines

3. Utilization of evidence to guide programs, services, resources plus published/unpublished literature, proceedings from community consultations

Processes of Knowledge Creation

4. Beyond academic sector to grassroots

5. Incorporating cultural/diversity competency in research in professional/higher education

Findings

1) Dominant & counter discourses:

   Dominant discourses have as their effects normalizing/marginalizing processes

2) Reflexivity

3) Gender dynamics and social privilege

Reflexivity

- “Refers to the capacity to reveal the political nature of knowledge through the questioning of every step of the research process” (Peter, 2000, p. 109)
- “Reflexive inquiry moves nurses to look at both what they are doing and how they are doing it” (Doane & Varcoe, 2007, p. 200)
- Importance of context, research relationships

Critique of Medicalization
Decentering of Epistemic Privilege

- Highlight the framing of the issues plus visibility of content, process, actors
- Goals: Build community capacity, community mobilization, authorize community knowledges

- Collective authorship (PHA, 2002)
- Community-based PAR processes:

1. Gapka & Raj et al. (2003)
2. Dobinson (with MacDonnell, Hampson, Clipsham & Chow), 2005

Sociopolitical Environments

- Efficiency, short-term measurable outcomes
- Behavioural, biomedical discourses of HP
- "Gathering Data 'on' oppressed people" (Hagey, 1997)

- Goals: Connecting, caring relationships, enhancing wellness, access to responsive, relevant care

- Health promoting processes: coalitions with potentially empowering effects for communities & nurses (Varcoe et al. 2004)
- Strengths-based, socio-environmental HP model
- Ongoing involvement in education, research, policy processes

Dominant & Counter Discourses: Heterosexism & Genderism

- Identified effects on communities & professionals
- Invisibility, marginalization, silencing, limited uptake in public health
- Barriers to LGBTQ-identified involvement
- Barriers to production of knowledge in academic & publishing contexts

Goal of counter-discursive strategies:

Alter social structures that normalize, legitimize production of research evidence

- Education, policy-making, research

+ consistent education of health researchers

Gender Dynamics & Social Privilege

- Using gender lens with a focus on intersections of gender, race, class, sexuality
- Insight into the ways in which femininity and masculinity are reflected in lived life" (McDonald, 2006, p. 336)
- Privileging of knowledges, values constructed from implicit White, middle-class, able-bodied, English-speaking, heterosexual, male & minority world reference point

CHNAC Standards of Practice (CHNAC, 2003)

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Why Nursing Ethical Inquiry?

- Nursing perspective of CHN practice
- Examination & articulation of practice, values, priorities, everyday realities, systems, structures

- Analysis using feminist bioethics approach:

- Illustrates the complexity of CHN practice
- Critique identifies relevance of gender, other social relations
- Validates CHN focus on critical reflection and actions to challenge social structures
- Shows how CHN standards are interwoven & implications for our practice

- In order to speak meaningfully about justice, it is necessary to examine the actual forces that undermine it, as well as the forces that support it” (Sherwin, 1993, p. 21)

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