

CLINICIANS WHO CARE: PROMOTING INCLUSIVE LANGUAGE AMONG HEALTHCARE

MAJORS

by

Anika Hubbard-Valentino

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A Project Submitted in Partial Fulfillment of the
Requirements to Graduate with University Honors

The University Honors Program
California State University, Fullerton

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Approved by:



Dr. Kristina Fortes DNP, FNP-BC, MSN, RN, School of Nursing



Dr. Stacy Mallicoat, Director, University Honors Program

Date:

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Abstract

Language can help provide quality healthcare. Healthcare students take classes that teach therapeutic communication and are tested on their ability to communicate with empathy and effectiveness. However, higher education often neglects inclusivity and its relevance to healthcare language. Inclusive language incorporates neutral vocabulary and avoids stereotyping marginalized individuals or communities. Teaching and implementing inclusive language in healthcare will help establish trusting and respectful patient-provider relationships, especially for Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) patients. After experiencing a lack of comprehensive education on LGBTQ+ inclusive language among healthcare majors at California State University, Fullerton (CSUF), I developed a multimedia educational program in an effort to present a condensed curriculum of inclusive language in healthcare. I derived the information presented in this project from peer-reviewed literature, published content from governmental agencies, and from my own lived experiences, both as an LGBTQ+ person and senior nursing student. This project may serve as a foundation for future development of diversity and inclusive language curriculum for healthcare majors at CSUF. This project will contribute to the empowerment and creation of a new generation of healthcare professionals who practice with respect, inclusivity, and acceptance.

Clinicians Who Care: Promoting Inclusive Language Among Healthcare Majors

Healthcare professionals are in the business of caring for others. Beyond caring for the physical wellbeing of patients, healthcare professionals have a responsibility to acknowledge and respect the diverse identities of their patients. Using inclusive language in the healthcare field is crucial to maintaining a space where LGBTQ+ patients feel understood and respected by their caretakers and providers. Implementing comprehensive education on LGBTQ+ inclusive language for healthcare majors is an important step in cultivating a safe and caring environment for LGBTQ+ people within the American healthcare system, further promoting the health and wellbeing of this vibrant community.

Background

Approximately 7.1% of Americans, more than 23 million people, identify as members of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA+) community (Jones, 2022). This is a significantly large and diverse population that needs access to reliable and affirming healthcare. For the purposes of this project, the community and its individuals will be referred to as “LGBTQ+” and “queer.” The latter was formerly used as a derogatory term that has since been reclaimed and is commonly used as a general descriptor for people identifying as LGBTQ+ (Perlman, 2019).

The American Healthcare System and the LGBTQ+ Community

Though queer people have existed in societies and cultures around the globe for centuries, the LGBTQ+ community has historically been mistreated, especially by the field of healthcare. Categorization of people based on sexual and romantic desires began in the 1800s, and in the twentieth century homosexuality (attraction to the same gender) and transgender (not

identifying with one's sex assigned at birth) identities were labeled as abnormal and pathologic. Sodomy laws existed in the United States until 1961, which essentially made homosexuality illegal and justified mistreatment of the community. Homosexuality was considered to be a mental illness requiring treatment and was listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) until 1973. In the 1980s and 1990s, ignorance and fear surrounding the HIV/AIDS epidemic further contributed to the alienation and mistreatment of the LGBTQ+ community (Institute of Medicine, 2011).

Though the twenty-first century has seen great improvements in the way LGBTQ+ people are treated by the healthcare system, the U.S. still has a long way to come to remedy wrongdoings and institutional stigma that exist towards queer people. Today, queer people, particularly transgender adolescents, in many states are being targeted by homophobic and transphobic legislation that aims to restrict their access to gender-affirming healthcare, a service that is indubitably life-saving. As many as 130 anti-LGBTQ+ bills targeting access to healthcare have passed through various state legislatures this year alone (ACLU, 2023). The past and current transgressions against queer people by the American healthcare system have contributed to a generalized mistrust of the system and its professionals by the LGBTQ+ community, particularly LGBTQ+ people of color and others who have intersectional minority identities (Institute of Medicine, 2011).

Inclusivity in Healthcare

Inclusivity, or the concept of being accepting and accessible to all people (Ricee, 2022), is not only applicable to the LGBTQ+ community, but also pertains to Black, Indigenous, and people of color (BIPOC), people with disabilities, those with diverse religious practices, and other minority groups. Though this project focuses on the LGBTQ+ community, healthcare

professionals should value cultural competency and strive to be inclusive of all people.

Inclusivity can be implemented on both individual and systemic levels. For example, individual healthcare professionals can be mindful of the language they use to talk to patients and families, while systemic changes can be made to make healthcare more accessible to LGBTQ+ people, such as incorporating preferred pronoun designations on intake forms.

Inclusive language, the use of which can contribute to overall inclusivity and acceptance, is respectful, neutral, and avoids stereotypes or generalizations. The goal of inclusive language is to avoid alienating or othering people with minority identities by using exclusionary vocabulary (Likis, 2021). In the context of the LGBTQ+ community, inclusive language avoids heteronormativity and does not use vocabulary that is solely applicable to heterosexual (attraction to a different gender), cisgender (identifying with one's sex assigned at birth) people. LGBTQ+ inclusive language should be gender inclusive and applicable to people of varying gender identities. Additionally, inclusive language should avoid the use of dated or potentially offensive terms and vocabulary (Likis, 2021).

Inclusivity in healthcare is immeasurably beneficial for the LGBTQ+ community. Inclusive language, both verbal and written, increases perceptions of trust and safety for LGBTQ+ patients (Quinn et al., 2015). Increasing trust between patients and healthcare professionals in turn increases the quality of care received by the patient and makes it more likely that a patient will seek care again in the future. When accessing healthcare, LGBTQ+ patients seek "respect, equal treatment, and overall inclusiveness" (Quinn et al., 2015) from providers, and inclusive language is a crucial part in meeting those needs. Additionally, LGBTQ+ people may be more likely to experience certain medical conditions than cisgender and heterosexual people, so they need to have positive relationships within the healthcare system to

ensure they seek care when needed. Oftentimes, full knowledge of a patient's past medical history, current medications, reproductive health, and other medical information is crucial in providing safe and effective care. This requires honesty and vulnerability from LGBTQ+ patients, and they are more likely to be honest if they trust their healthcare providers (Moore & Dukes, 2019).

Current Practices in Healthcare Education

Though queer people are ubiquitous across the U.S., queer issues and culture are not common knowledge for many people who are not members of the community. Additionally, most Americans function within a very heteronormative society where inclusive language does not always come naturally. Because of this, the proper implementation of inclusive language and practices requires education and effort, especially through the lens of healthcare (Likis, 2021). With advancements in LGBTQ+ rights and visibility in America, concepts like diversity, equity, and inclusion (DEI) and cultural competency have become more prevalent. Many companies and organizations, hospital systems included, have made major efforts to promote equity through the implementation of DEI departments and taskforces. DEI departments not only work to increase the diversity of the workforce, but many provide education to employees on how to support minority groups and be more inclusive (Stanford, 2020). While increased DEI efforts are a huge step for LGBTQ+ people and other marginalized communities, it could be argued that healthcare professionals should be well educated on DEI topics before they enter the workforce, not after.

Cultural competence is a term that refers to skills that allow professionals to provide respectful, inclusive, and appropriate care to people with cultural or minority identities that are different than their own (Institute of Medicine, 2011). Cultural competency is included in curriculum in many nursing programs, medical schools, and other healthcare profession

programs, but the effects frequently fall short of graduating students who are knowledgeable and prepared to effectively care for marginalized communities, including the LGBTQ+ community (Englund et al., 2020 & Goyal et al., 2020). Many healthcare professionals enter the field feeling unprepared to interact with members of the LGBTQ+ community, and many also experience feelings of discomfort when tasked with discussing LGBTQ+ issues with patients (Englund et al., 2020 & Institute of Medicine, 2011). Furthermore, there is a lack of standardization in regards to cultural competency and LGBTQ+ curriculum for healthcare professionals, resulting in disparities in quality and thoroughness of inclusivity education (Jernigan et al., 2016). This exemplifies the need for more thorough cultural competency and inclusivity education for students studying healthcare topics. Incorporating inclusive language education into healthcare curriculum prepares students to be competent providers for LGBTQ+ patients before they enter the workforce, and programs need to equip students to include inclusivity in their lifelong learning and professional development endeavors.

Methods

In response to the perceived lack of education and awareness surrounding LGBTQ+ inclusive language in healthcare, an educational presentation was created with the goal of introducing the key concepts of inclusivity to healthcare majors at California State University, Fullerton (CSUF) (see Appendix A). Information was collected from a variety of reputable social justice and healthcare organizations to support the education included in the presentation, and the lived experiences from the presenter were also included. The presentation's intended audience was healthcare majors at CSUF, and the content aimed to be relevant to multidisciplinary students. The visual presentation was created using the graphic design site *Canva*.

The presentation was advertised via flyers and word-of-mouth (see Appendix B). Flyers with a brief description of the presentation and content were printed and displayed in the Student Success Center of the College of Health and Human Development on the CSUF campus. The digital flyer and presentation information was distributed via email to the entirety of the School of Nursing faculty and students by the BSN Advisor. Flyers were printed and displayed in the LGBT Queer Resource Center in the Pollak Library on the CSUF campus. The presenter's peers and acquaintances were encouraged to invite any CSUF students who may be interested in the content or who could benefit from the education. The presenter also shared the digital flyer on Instagram before the presentation.

The presentation took place on Monday, April 10, 2023 at 1600 PDT. There were eight attendees, including three undergraduate nursing students, one undergraduate kinesiology student, one undergraduate sociology student with an interest in social work, one graduate clinical mental health counseling student, and two School of Nursing faculty members. Several of the attending students self-identified as members of the LGBTQ+ community. The presenter lectured on the presentation content for approximately 20 minutes before encouraging attendees to ask questions, provide feedback, or initiate further discussion of topics. Students asked several clarifying questions regarding the content presented and were eager to share their own experiences with inclusivity (or lack thereof) in the classroom, in clinical practice, and as patients receiving healthcare. The attending faculty members were interested in learning more about how they could support LGBTQ+ inclusive language education in their own classes. The entirety of the presentation and subsequent discussion lasted approximately one hour.

After the conclusion of the presentation, an academic poster was created to display the main methods and concepts involved in this project. The poster was presented at the CSUF

University Honors Program conference on Friday, May 5, 2023. The poster was also presented at the Sigma Theta Tau International Honor Society of Nursing, Upsilon Beta Chapter Induction Ceremony on Saturday, May 6, 2023.

Key Education

A variety of topics were introduced to the attendees of the presentation. First, they were given a general definition of inclusivity, a brief introduction to LGBTQ+ healthcare and the historical relationship between the community and the U.S. healthcare system, and an overview of the impact inclusive language can have for queer people seeking care. The presenter then defined and explained some of the common terminology encountered when interacting with the LGBTQ+ community. The definitions were presented as follows:

- Gender identity is a term used to describe the gender someone associates with, such as cisgender, transgender, non-binary, genderfluid/queer. Gender identity is not the same as biologic sex (American Psychological Association, 2023).
- Gender assigned at birth is a term typically used to refer to one's biologic sex. This includes "assigned female at birth" (AFAB) and "assigned male at birth" (AMAB) (American Psychological Association, 2023).
- Gender expression refers to a person's outward appearance and how they choose to display their gender and/or physical appearance preferences. Gender expression is not dependent on nor defined by gender identity (American Psychological Association, 2023).

- Gender transition is the process of adopting characteristics of one's gender identity, and can include, but is not limited to, physical changes or surgery (American Psychological Association, 2023).
- Sexual orientation is the identity characterized by one's physical, sexual, or romantic attraction to others, or lack thereof, and includes lesbian, gay, bisexual, pansexual, asexual, aromantic, etc. Sexual orientation is independent of gender identity. Like gender, sexual orientation is fluid and everyone experiences it differently (Human Rights Campaign, n.d.).

The presenter then introduced the concept of preferred pronouns, which are one way people choose to affirm their gender identity and expression. It was noted that one's pronouns are not dependent on nor defined by their gender identity or expression. The examples of pronouns and how to introduce oneself with preferred pronouns are as follows:

- She/Her/Hers
- He/Him/His
- They/Them/Theirs
- She/They, They/He, etc.
- Ze/Zir/Zirs (neopronouns)
- Any Pronouns
- No Pronouns
- A standard and simple way to introduce oneself to patients is by saying, "Hello, my name is _____, my pronouns are _____, and I'll be your _____ today!" This helps normalize the use of preferred pronouns and can help make patients feel more comfortable when introducing their own pronouns.

The presenter then discussed ways in which healthcare providers should implement inclusive language into their practices. The first concept was the use of people-first language and using anatomy-specific vocabulary rather than binary, gendered terms, like woman or man. This can help reduce feelings of discomfort and dysphoria for patients whose gender identity may not be congruent with their physical anatomy (Likis, 2021). The examples provided for this topic are as follows:

- people with uteruses, vulva-owners, or people who menstruate,
- people with penises or penis-owners,
- external/internal genitalia,
- and people who are/can get pregnant.

The presenter then introduced ways in which healthcare professionals can use inclusive language when referring to family members and familial relationships. Healthcare providers can be more inclusive of LGBTQ+ families by avoiding the use of gendered familial terms (Spatz, 2020). Professionals should avoid assuming familial relationships based on perceived or assumed gender identities, as many patients will have unique family structures that do not align with the heteronormative nuclear family unit. The examples provided when discussing this topic are as follows:

- parents or caregivers or "grown up" instead of mother/father/mom/dad,
- sibling instead of brother/sister,
- and spouse or partner instead of husband/wife.

The presenter then discussed inclusive language in the context of reproductive healthcare. Healthcare professionals should avoid using woman/female-centric vocabulary as many people

who do not identify as women need reproductive healthcare, and women are not the only people who can become pregnant. Professionals should not automatically refer to pregnant patients as the mother of the child, but should use “parent” or “caregiver” instead. The term "chest feeding" can be used as an inclusive alternate to "breast feeding" (Spatz, 2020). Healthcare professionals need to be aware of the many different types of relationships and family structures they may encounter in reproductive health, and always be open and respectful.

The concept of microaggressions was also introduced during the presentation. Microaggressions are actions or comments, intentional or not, that insult, degrade, or perpetuate harmful stereotypes against minority communities (Cleveland Clinic, 2022). Healthcare professionals should be mindful of how their words may be perceived by patients or families and always think before they speak. Professionals may "call in" colleagues who make microaggressive comments by explaining why they are inappropriate, why they are harmful, and how to improve their behavior. This is a way in which healthcare professionals can demonstrate allyship with the LGBTQ+ community.

Lastly, attendees were taught the appropriate way to handle situations in which they may make a mistake and use exclusionary language, misgender a patient, or unintentionally commit a microaggression. Mistakes are a part of human nature, but it is important to know how to effectively remedy discomfort caused by mistakes. The steps to fixing a mistake were explained as follows:

1. First, simply apologize. Do not grovel. A simple, "I'm sorry" is sufficient.
2. Then, correct oneself and verbalize the correct statement.
3. Lastly, learn and move on. Most people do not want to draw more attention to the situation. The best apology is educating oneself and not making the same mistake

again. If it seems like the person is very upset or affected by the mistake, a separate, private conversation may be appropriate.

The presentation was concluded by the presenter explaining that being inclusive and accepting healthcare professionals needs to be part of one's lifelong learning. It is the responsibility of healthcare professionals to create environments where patients feel safe and respected. It is important to remember that every LGBTQ+ person has different experiences and relationships with their identities, and healthcare professionals need to always have open minds and be willing to learn more.

Discussion and Reflection

This project is the culmination of multiple passions. One, the passion for healthcare and promoting the health, healing, and wellbeing of others. Two, the passion for social justice and equity, and creating a world where every individual feels valued, respected, and cherished. And three, the passion for elevating one's own community, a community which continues to face violence, hatred, and persecution. Queer people deserve to live long, healthy lives, and affirming healthcare not only promotes the general health of queer people, but it is genuinely lifesaving. When someone is being attacked from all sides, from their loved ones, their leaders, and even their government, just one person who genuinely cares and extends the effort of respect can be the difference between giving up and thriving. Healthcare professionals have the opportunity to be that one person every day.

Education is the cure for ignorance, and it is also a fundamental role for many healthcare professionals. That is why this project was education-based rather than following a more traditional research format. Healthcare professionals not only have the responsibility to educate

their patients, but to also continuously educate their colleagues and themselves. Education is how healthcare is constantly advancing and growing, and it is important that healthcare professionals never stop learning. They must always learn how to be better advocates for their patients in addition to learning how to excel in their field. It is the goal that the attendees of the project presentation take the knowledge they learned and pass it on to others, as well as use it as inspiration to further their own knowledge. This goal has already begun being met, as shortly after the presentation, one of the attendees was observed implementing inclusive language skills into her nursing practice, and she even shared her newfound knowledge with peers when questioned about the use of people-first vocabulary. Even though the audience of this project's presentation was somewhat small, the impact has the potential to be exponentially larger.

Conclusion

Inclusive language is one relatively simple way healthcare professionals can make their practice more accessible and accepting of patients with marginalized identities. For patients with LGBTQ+ identities, inclusive language can help establish trusting patient-provider relationships where they feel safe and affirmed. In turn, inclusivity can increase healthcare accessibility and quality for queer patients, thus improving the overall wellbeing of the LGBTQ+ community. Students studying in healthcare majors should enter the workforce with a comprehensive understanding of inclusive language so they can immediately start creating relationships that have a lasting impact. To achieve this, inclusivity education needs to be improved and implemented for all future healthcare professionals.

This project serves as a starting point for enhancing inclusive language education for healthcare students at CSUF. Though the audience in attendance for the presentation was smaller than expected, the students and faculty present are now equipped with knowledge that can

improve their future interactions with LGBTQ+ patients and fuel their lifelong learning of inclusivity and cultural competence. In the future, this project and its content may be more effective if presented in a classroom setting as part of course curriculum. This would increase the overall participation and reach more students, as well as reducing participation bias. In the original presentation, attendance was entirely optional, and many of the attendees were already well versed and familiar with LGBTQ+ issues. Though the content was useful and beneficial for them, those students are likely already demonstrating allyship and inclusivity in their clinical practice. Students with no prior knowledge of LGBTQ+ issues or who are perhaps resistant to the idea of inclusivity may benefit more from attending the presentation.

The future work of this project involves publication in a healthcare journal and collaboration with faculty and staff at CSUF in order to make the education annual and available to a larger audience.

Acknowledgements

The author would like to thank Dr. Kristina Fortes for being such a wonderful and supportive faculty mentor, Nathaniel Wiede (CSUF College of Health and Human Development Student Ambassador) and Dr. Kavin Tsang (CSUF College of Health and Human Development Associate Dean) for helping coordinate the advertising and location of the presentation, the attendees of the presentation for their time and participation, and the CSUF University Honors Program for creating the environment and resources with which this project was completed.

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Appendix A

Presentation Slides and Content

A video recording of the presentation given on April 10, 2023 can be found at

<https://www.dropbox.com/s/y6t11i4knpu74pu/Video%20Apr%2010%202023%2C%204%2006%2010%20PM.mov?dl=0>.


Figure A1. Canva slide content and visuals.



Sexual Orientation

The identity characterized by one's physical, sexual or romantic attraction to others, or lack thereof (Human Rights Campaign, n.d.)

- lesbian, gay, bisexual, pansexual, asexual, aromantic, etc.
- sexual orientation is independent of gender identity
- like gender, sexual orientation is fluid and everyone experiences it differently



Tips for Healthcare Professionals




Pronouns

Preferred pronouns are one way of affirming one's gender identity and/or expression. Pronouns do NOT have to "match" someone's gender identity.

She/Her/Hers
He/Him/His
They/Them/Theirs
She/They, They/He, etc.
Ze/Zir/Zirs (neopronouns)
Any Pronouns
No Pronouns

Hello, my name is _____
 my pronouns are _____
 and I'll be your _____
 today!



Use of Anatomical vs Gendered (Binary) Terms

We can make our practices more inclusive by using anatomy-focused language rather than referring to the gender binary.
 Using "people first" language can help achieve this.

Examples

- people with uteruses, vulva-owners, or people who menstruate
- people with penises or penis-owners
- external/internal genitalia
- people who are/can get pregnant




Familial Terms

We can be more inclusive of LGBTQ+ families by avoiding the use of gendered familial terms.


Examples

- parents or caregivers or "grown up" instead of mother/father/mom/dad
- sibling instead of brother/sister
- spouse or partner instead of husband/wife
- do NOT assume relationships based on perceived genders/stereotypes



Reproductive Health


- Avoid using woman/female-centric vocabulary as many people who do not identify as women need reproductive healthcare
- Women are not the only people who can become pregnant
- Do not automatically refer to pregnant patients as the mother of the child
- Use "chest feeding" as an inclusive alternate to "breast feeding"
- Be aware of the many different types of relationships and family structures you may encounter in reproductive health, always be open and respectful



Microaggressions

Actions or comments, intentional or not, that insult, degrade, or perpetuate harmful stereotypes against minority communities (Cleveland Clinic, 2022)

- Be mindful of how your words may be perceived by patients or families
- Think before you speak
- "Call in" colleagues who make microaggressive comments by explaining why they are inappropriate



If You Make a Mistake

Humans make mistakes - and that is OK! The important part is learning from our mistakes.

- **Apologize: Don't grovel. A simple "I'm sorry" is sufficient.**
- **Correct yourself**
- **Learn and move on: Most people do not want to draw more attention to the situation. The best apology is educating yourself and not making the same mistake again. If you feel that the person is very upset or affected by your mistake, a separate, private conversation may be appropriate.**



In Conclusion

- Being inclusive and accepting healthcare professionals needs to be part of our lifelong learning
- It is our responsibility to create environments where our patients feel safe and respected
- Every LGBTQ+ person has different experiences and relationships with their identities. We as healthcare professionals need to always have open minds and be willing to learn more



Thank You

A huge thank-you to Dr. Kristina Fortes for mentoring me throughout this project. Your dedication to inclusivity and acceptance as a healthcare provider and nursing professor means so much!

Thank you to Nathaniel Wiede, HHD Student Ambassador, for helping coordinate and advertise for this presentation.

Thank you to Dr. Kevin Tsang, HHD Associate Dean, for acquiring a space for this presentation.

Thank you to everyone who attended. I hope you found this presentation enlightening and inspiring!



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Appendix B

Presentation Advertisement Materials

Figure B1. Presentation advertisement flyer.


Clinicians Who Care: Promoting Inclusive Language Among Healthcare Majors

Attention future healthcare professionals! A University Honors Program student will be presenting her Senior Honors Project. The presentation will discuss the importance of inclusive language and how inclusivity can impact relationships between LGBTQ+ people and healthcare professionals. All CSUF students are welcome to attend, but the presentation is tailored for health-related majors.

 **Monday, April 10, 2023**

 **4PM-5PM**

 **EC 102**

 **Presented By:**
Anika Hubbard-Valentino,
Class of 2023 Nursing and
University Honors student

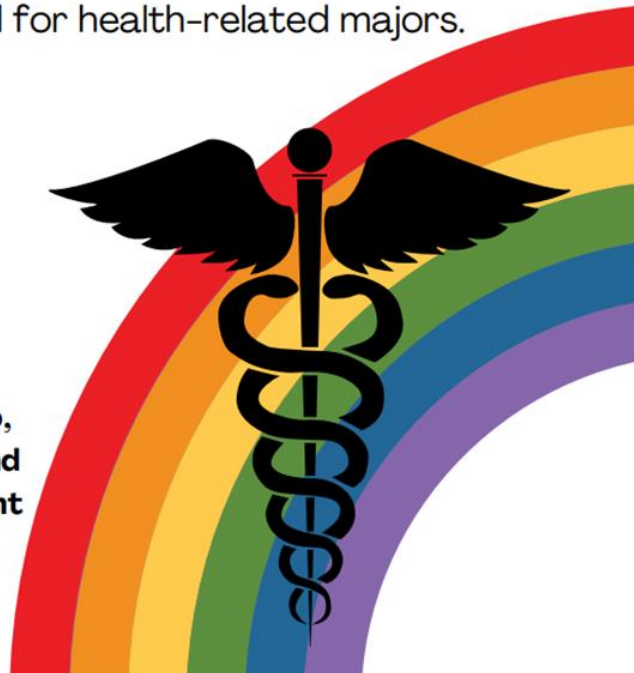





Figure B2. Presentation advertisement graphic.


STUDENT PRESENTATION


Clinicians Who Care: Promoting Inclusive Language Among Healthcare Majors

 Monday, April 10, 2023

 4PM-5PM

 EC 102

 Presented By:
Anika Hubbard-Valentino,
Class of 2023 Nursing and
University Honors student

A graphic on the right side of the advertisement features a vibrant rainbow arching from the bottom left towards the top right. Superimposed on the rainbow is a black caduceus symbol, which consists of a central staff with two snakes entwined around it and a pair of wings at the top. The rainbow's colors are red, orange, yellow, green, blue, and purple.