Health Equity

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Equitable care

Dr Lisa Goldberg is passionate about equity in healthcare, particularly eliminating homophobia and heteronormativity in birthing practices. Here, she discusses constraints of the healthcare system and the importance of education and awareness to inform policy, planning and practice

Could you begin with a synopsis of your background and explain what inspired your research trajectory?

I have an eclectic background that crosses nursing, philosophy and modern dance. While on the surface these disciplines may seem strange bedfellows, collectively they have uniquely shaped my understanding of phenomenological research and influenced my overall research trajectory: an exploration of lesbian, gay, bisexual, transgender, and queer (LGBTQ) orientations intersecting where gendered practices meet birthing care.

My programme of research seeks to shed light on the gendered nature of LGBTQ birth and the complex ways in which homophobia, transphobia, heterosexism and intolerance are embedded in healthcare structures. While my research to date has not included transgender persons in birthing contexts, work is currently in progress directed at this much needed initiative.

Why has birthing been heteronormatively constructed historically and institutionally?

Despite the recent integration of healthcare services for LGBTQ communities across the country, and in the caring practices of nurses and primary care providers, birthing remains systemically and institutionally heteronormative, and continues to reinforce the sociocultural privilege of heterosexual practices. This is not surprising given that the history of birthing posits heterosexuality as taken-for-granted, with birthing trajectories historically reinforcing practices with assigned value to relationships between males and females, with any deviation often pathologised.

How can these issues be addressed at institutional, provincial and federal levels?

While change is occurring across various levels in important ways, including regional healthcare initiatives like Pride Health – a partnership between the two tertiary health centres in our province – it remains slow and faces various challenges. Despite this, our research suggests that patience, a desire for change and real courage from members of the LGBTQ and healthcare communities offer methods for initiating change.

The Nova Scotia Health Research Foundation (NSHRF), the major provincial research funding body, has also recognised the necessity of addressing inequities within marginalised communities. The NSHRF has mandated that conditions contributing to inequities and/or factors unique to marginalised communities are priority research areas. This has proved highly beneficial to our own research, for which the NSHRF has been a major funding body, in tandem with the Canadian Institutes of Health Research, Institute of Gender and Health (CIHR-IGH) – Canada's major national health research funding body.

Is there sufficient awareness of these issues?

Bringing awareness is ultimately the first step in advocating for change. While certain health issues tend to bring awareness, particularly those that receive media attention, this issue lacks sufficient awareness, particularly regarding the importance of LGBTQ health.

The importance of these issues, however, is not solely for those of us who identify in the LGBTQ communities and/or conduct LGBTQ research. Rather, it is for all global citizens. These are issues of justice, social equity and equality, and global health.

Have you faced any challenges in your research?

My research is challenged on two fronts: methodologically and substantively. From a methodological standpoint, phenomenological design is not always considered the methodology of choice by funding agencies. University and granting agency demands for large multi-site and interdisciplinary research teams, requiring large data sets, mixed methods and/or quantitative designs, are often incommensurate with the underpinnings of phenomenological research.

From a substantive standpoint, LGBTQ research can be challenged in contexts where there is lack of understanding and/or lack of awareness. For example, our research has shown that, despite healthcare

providers being concerned about their care provision and in an effort to not appear prejudiced, they stated that they cared for LGBTQ and heterosexual patients the same. Homogenising healthcare in this way perpetuates invisibility, jettisoning LGBTQ embodiment(s) and negating LGBTQ affirming care practices as sameness; thus suggesting non-existence. As such, LGBTQ as a substantive area is not recognised as an area of health-worth study.

How do you balance your teaching and research commitments? Do you play an active role in nurturing the next generation of researchers in your field?

I have developed a mixed programme of teaching and research, usually with equal emphasis on both. While challenging at times, I can't imagine a more fulfilling way to spend my days. I find great joy in mentoring the next generation of nurses and having the ability to share current research with students. My research in the area of taken-for granted and relational practices with nurses and primary care providers in birthing contexts, positioned against the institutional landscape of power, gender, and heteronormativity, is one way of empowering students. This empowerment translates to bedside scholarship, a form of scholarly and pragmatic knowledge, for nursing students to understand how to engage more equitably with marginalised populations in healthcare contexts, including members of the LGBTQ communities.

Exploring birthing relationships

Applying a phenomenological framework to understanding marginalisation in healthcare, researchers at **Dalhousie University** in Canada are working with perinatal nurses and other primary care providers to advance LGBTQ health, with a focus on birthing experiences

IN MANY WAYS the healthcare system is a reflection of society: it can often be reluctant to support individuals who choose a non-conventional lifestyle path; those who are not part of a heteronormative world that promotes heterosexuality as the 'normal' or preferred sexual orientation. In fact, little over 20 years ago the American Psychological Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) classified homosexuality as a mental illness.

Although the situation has improved since then and healthcare structures now promote diversity initiatives, heteronormativity, homophobia and transphobia are still pervasive. Vast health inequities remain and some healthcare providers misunderstand, discriminate against and even avoid lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals. Due to negative past experiences, these individuals are less likely to access healthcare services. In particular, it can be challenging for members of the LGBTQ communities to navigate the healthcare system during the birth experience.

A PHENOMENOLOGICAL PERSPECTIVE

Dr Lisa Goldberg is working with colleagues to change this by investigating LGBTQ experiences of the healthcare system, with a focus on birthing. Goldberg is Associate Professor at the School of Nursing at Dalhousie University, Canada, and a member of the College of Registered Nurses of Nova Scotia. Her research capitalises on her clinical expertise as a perinatal nurse, examining the experiences of birthing women (and all persons who birth) and the perinatal providers who attend their care, where systemic issues of power, gender and heteronormativity are at play.

Goldberg's approach differs to much conventional healthcare research, employing innovative methodologies: "Working as a phenomenological researcher, which falls under the broader research design category of qualitative research, I approach data from an experiential perspective, working with text and story, rather than statistics and numbers," she explains.

Phenomenology considers the human experience in terms of understanding and meaning and allows Goldberg to reveal 'taken-for-granted' knowledge – which is understood through experiential narrative and philosophical underpinnings – and further explores how such knowledge (pragmatically and scholarly) is generated, disseminated and used. Importantly, this allows her to investigate how people experience and understand the feeling of 'fitting in' and how this relates to routine and taken-for-granted birthing practices. Goldberg's form of phenomenology, feminist and queer phenomenology, elucidates how gender roles, gender binaries and gender stereotyping are reinforced.

RECOGNISING DIFFERENCE

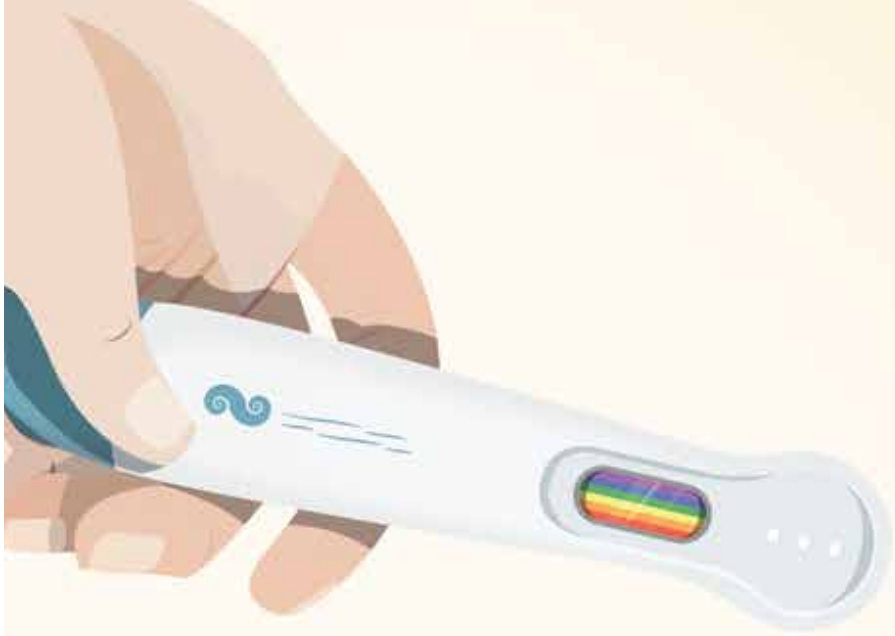
In 2012, with the intent of expanding her substantive research trajectory beyond birthing contexts, Goldberg and co-principal investigator, Dr Brenda Beagan (School of Occupational Therapy), completed a study with non-birthing LGBTQ women and primary care providers in two Canadian urban settings. Using interview data to understand the women's experiences with providers and how they could be improved, and the providers' experiences of working with this population of women, key themes were identified.

Unsurprisingly, a key theme to emerge was one previously uncovered in Goldberg's first study with lesbian mothers and co-mothers in birthing care: despite the providers' good intentions and concern for quality care, there was a desire to treat LGBTQ women the same as their heterosexual counterparts. "This is problematic because the view that all persons are to be treated the same is a practice that acts to reinforce, rather than alleviate, patterns of systemic oppression, because the norms for treatment have been shaped by the needs of the socially dominant," Goldberg reveals. She believes such norms tend to ignore, misunderstand, and de-value those social differences – including class, race, (dis)ability, gender and sexual orientation – that have a significant impact on the health and wellbeing of women.

Although typically not considered an affirming practice in current healthcare settings, Goldberg and colleagues suggest that feelings of discomfort can be a good starting point for recognition of bias and fear in provider-patient relationships. Yet, if both recognise the situation is uncomfortable, heteronormative assumptions can begin to be challenged. Further, findings suggest that future training of providers must result in understanding the importance of social history and social context in the lives of LGBTQ persons, in addition to understanding the differences between generalising and stereotyping.

EMBEDDING CULTURAL COMPETENCY

Indeed, improving cultural competence education is an important aspect of Goldberg's work: "Historically, training programmes assumed a limited understanding of culture, often reduced to race and/or ethnicity," she comments. "However, with the recent inclusion of cultural humility approaches, the healthcare provider learns to understand the role of humility in care provision, and the implications for their limited knowledge, in addition to their own sense of privilege. While considerable progress has been made, there is still room for improvement."



The provincial and national research completed with colleagues suggests one key factor to improving how healthcare providers attend care with queer patients – the recognition of both the provider and patient as part of a complex social and historical context; one which requires providers to understand the vital roles such contexts play in the lives of marginalised people and communities. "Until this is achieved, providers will continue to lack the necessary socio-political knowledge to fully care for LGBTQ people," Goldberg asserts.

A PROVINCE-WIDE STUDY

Goldberg's most recent study, with co-principle investigator, Dr Megan Aston (School of Nursing), funded by the Canadian Institutes of Health Research, Institute of Gender and Health (CIHR-IGH), the Nova Scotia Health Research Foundation (NSHRF), with partnership funding from the School of Nursing, Nursing Research Fund and the Faculty of Health Professions (Dalhousie University), examines gendered and queer birthing practices across Nova Scotia. The multi-site provincial study aims to understand the birth experiences of lesbian, gay, bisexual and queer (LGBQ) women in their relationships with perinatal providers in rural care.

The study spans diverse aspects of patient care, including how individuals navigate the rural healthcare system in relation to birthing care and how their birth experiences are shaped by their sexual orientation. The study also hopes to learn from perinatal care providers about their experiences of working with this population of patients in a rural setting, their approaches to practice, and finally, how their practice may (or may not) take into account the realities of birthing women who identify as LGBQ.

Although healthcare providers often provide high-quality clinical care, and have good intentions, they frequently lack awareness of heteronormativity in healthcare and, more importantly, how this can manifest as negative health outcomes for LGBTQ communities. "To fully understand these diverse orientations and identities in the context of birthing care, the very nature of birthing itself may be called into question," Goldberg states.

The current study seeks to better understand the gendered nature of LGBQ birth and the many complex ways in which homophobia, heterosexism, and intolerance are entrenched in healthcare systems. Ultimately, findings will inform best practice guidelines and policy, educational curricula and the ongoing training of healthcare providers.

POLICY IMPLICATIONS

Using feminist and queer phenomenology, Goldberg is changing the face of LGBQ birthing. By considering the social, political and organisational landscape of the healthcare system, she is fully exploring the health concerns of the LGBQ communities, an often overlooked field of study. Furthermore, using the real life stories of women she is enabling healthcare providers to understand the lives of LGBQ women, stimulating a change in practice.

Goldberg's research will raise awareness of LGBQ health and has the potential to contribute to global policy development related to delivery services in marginalised communities, particularly when understood in the broader context of evidence in LGBTQ health and perinatal care. Looking ahead, she hopes to expand her work even further: "With a commitment to ensure equity for all birthing persons, our future work proposes to expand our research trajectory to explore transgender practices in the context of birthing care," she concludes.

UNDERSTANDING HEALTH EQUITY AND PERINATAL CARE PROVISION: WHERE QUEER AND GENDER PRACTICES MEET BIRTHING CARE

OBJECTIVES

To understand: diversity in lesbian, gay, bisexual, and queer birthing women's experiences (and all birthing persons) in their relationships with nurses and other primary care providers; how they negotiated the healthcare system related to their birthing care; how their birth experiences are shaped by their diverse identities and orientations; where they experience 'fitting in' and/or marginalisation in birthing care.

KEY COLLABORATORS

Dr Megan Aston, Dalhousie University, Nova Scotia • **Dr Sylvia Burrow**, Cape Breton University, NS • **Dr Beth Guptill**, South Shore Health, Nova Scotia • **Dr Anne Simmonds**, University of Toronto, Ontario • **Shannon Pringle**, Project Coordinator, Dalhousie University, Nova Scotia • **Reproductive Care Program of Nova Scotia** (RCP), Halifax, Nova Scotia

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DR LISA GOLDBERG is an associate professor in the School of Nursing, Faculty of Health Professions at Dalhousie University in Halifax, Nova Scotia. From 2005-13 she held an honorary adjunct appointment at the IWK Health Centre, and currently holds an adjunct appointment at Cape Breton University in Sydney, Nova Scotia. Her research programme builds on her clinical expertise as a a perinatal nurse and engages innovative qualitative and feminist methodologies to examine how and why normative assumptions of heteronormativity and homophobia are experienced in the lives of queer birthing women – and all persons who birth.