

Understanding Diversity: Nursing Leadership in the Champlain Region

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Research Team

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DSIRG: Key Driver of Study

- The Diversity and Social Inclusion reflective Group (DSIRG) functions as the Brain Bank on Diversity and Social Inclusion issues at TOH with a goal of staying on the edge of knowledge in the field



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Background

- Canada is one of the most ethno-culturally diverse nations in the world especially in its major cities like Ottawa.
- In 2006, one in six Canadians self-identified as members of a Visible Minority;
 - Additional 3.8% self-reported an Aboriginal identity.
- This increasing ethno-cultural diversity of the Canadian population calls for integration of diverse views into both the socio-cultural and professional spheres of Canadian society.



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Purpose of Study

Title

“Exploring Diversity in Nursing in the Champlain Region: a Capacity Building Initiative ”

Purpose of study:

- To explore the current state of knowledge on ethno-cultural diversity in the nursing profession
- To raise awareness about effective cross-cultural care
- To mobilize nurses to develop a network of experts in the field with the ultimate goal of strengthening nurses’ capacity to engage in evidence-based cross-cultural health care



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Research Design

- Qualitative study using a grounded theory approach, informed by the tenets of participatory action research (PAR)
- Sample size: 21 RNs in Champlain Region/Ottawa
- Participants were self-identified “White/Caucasian” nurses and represented all levels within the organization
- Data Collection: Interviews guided by theoretical sampling
- Data Analysis: Constant comparison process
- Data management: Atlas ti facilitated data storage



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Study Setting

- 21 RNs were recruited from the 5 academic health sciences centres in the Champlain Region.

These are:

1. The Ottawa Hospital;
2. Children's Hospital of Eastern Ontario;
3. The Ottawa Royal;
4. Montfort Hospital;
5. Elizabeth Bruyere Continuing Care



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Research Findings

- Organizational and Leadership Commitment to Diversity
- Knowledge & Resources
- Meaning of Diversity
- Properness of Diversity Discourse
- Workforce Diversity
- Discrimination & Racism
- Awareness of Diversity



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Organizational and Leadership Commitment to Diversity (OLCD)

1. Existence of organization level policy on diversity;
2. Commitment to understand and promote diversity in the workplace;
3. Organizational culture;
4. Cultural competence at the practitioner level;
5. Relationship(s) with peers;
6. Institutional resources to support diversity initiatives.



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OLCD: Policy on Diversity (1)

- *No, there is nothing in the area of cultural diversity that deals with race and ethnicity .*
- *As far as I know, policy is individualized. Nobody is treated any differently than anybody else regardless of race, religion, social or economic status, physical or mental disability. I mean everybody [patients] is treated equally and we are supposed to make accommodation for that.*
- *Everything is broad. We have a Code of Conduct; we have respect in the work place; we have broad policy; are they targeted specifically? No. But, could we extrapolate from that and use those policies as foundation of policy association? Absolutely.*



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Policy on Diversity...

- *We have harassment policy...but we don't have anything that actually addresses it [diversity].*
- *They have a 'Code of Conduct'...that's it!*
- *We have a 'Patients Cultural Resident Rights' that is coming out*
- *The thing is...when we talk about diversity in terms of whatever, it is because in a sense, it is **person-centered**, because it does respond to any issues of diversity or culture or any of that kind of things...so in a sense, **if you think of person-centered**, transferred in a way diversity, or you're with the person – **then you're culturally and ethnically [sensitive]** you know, sort of.*



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Policy on Diversity...

- *We do not have diversity policy per se... because this organization has had diversity staff a lot longer than diversity decision-makers.*
- *I know that we have a policy on official languages – French and English. If there is a conflict, the clinical manager has to address that. I don't have to do anything on my part. And if the clinical manager is not available, nothing else can be done until that person is available to address the issue.*



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Leadership Commitment (2)

- *[Those] ...in positions of leadership or responsibility may not think in those terms, that what's going on with colleagues in the unit,.. is stemming from a cultural difference and disconnect or is it truly stemming from animosity or just poor communication?*
- *This organization is very supportive as far as educating, you know, giving you options...a lot of them [employees] don't take it. So you can't force somebody to do something if they don't want to.*
- *I don't know of a policy that says we need a visible minority at the table to do anything at this point in time. I don't think we are there...There is such a shortage of people working in the institution. Basically we have to make do with whoever is there.*



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Leadership Commitment...

- *This organization is really very open. It's a place to be. If you want to become a leader – this is the place to be.*
- *They had cultural awareness all the time. We used to have multicultural days. On multicultural days people will bring a dish that is from their cultural background and they will have this great potluck dinner.*
- *You know, there is nothing stopping us from doing something like that within our different facilities. Like...can we have multicultural days ... Shouldn't we enjoy potluck and have senior management involved in it as well?*



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Organizational Culture (3)

- *I remember when they introduced the values...in the hospital, right? You know, ... those values will [affect] different people coming from different countries...*
- *Different cultures are working days. As you can see mostly in days you have Canadian educated nurses. And in the evening and night, you have nurses from different countries.*
- *I think that knowing who you are, what your values are, what your work ethic is [is critical] because when you have good values and good work ethics – you have good relations with your colleagues. You will see that your colleagues, whether they are White or Black, will respect you enough that you wouldn't even be afraid to make comments...*



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Organizational Culture...

- *The majority of all those troubled souls...are White Caucasians – old people who don't like colored people. That's the reality. Older people are not necessarily sensitized to today's reality. They have a very difficult time when they are hearing heavy accent or can't understand what the care worker or healthcare worker is saying to them.*
- *If you get two different cultures or two different backgrounds, there might be some misunderstanding because they don't know why some people may do things in certain ways. There might be wrong interpretations on the way things are done. So this might create conflicts.*
- *We probably don't talk as much about cultural diversity of colleagues that we are working with or even have that kind of perspective around it.*



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Organizational culture...

- *When you are struggling to understand a colleague and when you're struggling to understand a patient, if you don't have a facility with that particular culture of awareness that there may be a cultural difference then you need to check out...the tension can run really, really, high.*
- *As an organization... you cannot impose something on people but you still need the corporate kind of line that needs to be followed, whether it be on professionalism or on the values of the hospital...*
- *We have a long way to go...but we have come a long way. I think now the complaints that people were saying about human rights violations are not as obvious as they might have been at one time.*



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Cultural Competence at the Practitioner level (4)

- *What I can say right now from my heart is that I feel very uncomfortable. I feel very uncomfortable with the topic because right now I realize how very little I know...*
- *When we talk about the guiding principles about culture care, people jump immediately to certain cases, like race, language, religion, and nutrition, because they are more comfortable with those. But I think that a lot more learning could be had, even looking at best practice guidelines on culture care, and exploring more culture with respect to our standard practice around the profession.*



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Relationship with Peer (5)

- *I know a lot of people that aren't...I mean we are supposed to be accepting within my peers. I find that a lot of people are still not accepting...*
- *I have some difficulty when peers from the same culture or the same country are talking in the language of their culture. I find it really a negative aspect in regards to [Canadian] peers because people would go and work in a silo. ... Like I don't go around speaking Italian to anybody*
- *It would be really helpful to focus on instances and just to make sure that they are... helped and given the tools on how to deal with people who you come across as racists.*



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Relationship with Peers...

- **Playing the race-card:** *Actually I know a friend who was part of the story. And was actually reported....She was actually from Newfoundland ...she definitely was not racist. And this woman made this accusation. So they did the fact-finding, which is what they do. No fact. There was no fact to support this woman or the allegation.*
- *A lot of these women that are working there are a little bit older I don't think the older nurses will be able to **cope with the change**...I mean, some will, but I think the majority won't.*
- *So what is that going to mean for these nurses, I don't know. A lot of them are very **frightened for their jobs**...*



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Diversity Resources (6)

- *I know that over the course of the last several years that we have been consulting the units to have a better understanding of cultural diversity.*
- *Several years back, [there was] some interest in having a cultural committee to increase awareness to focus on marketing the whole idea of cultural competence, like an ethics committee, but then that did not take place...*
- *They are many us who had very little, if any, ... education in cultural competency.*
- *There are no data on what resources we have within the institution; we have no data on what resources are available within our community per se.*



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Knowledge & Resources

“I feel very uncomfortable with the topic because right now I realize how very little I know.”

“I think everyone should take cultural sensitivity training. I think they should be offered because our society is changing. And there's so much integration today. So we have to change with it. And I think for some people there's a moment and definitely very positive that everyone should take it.”



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Meaning of Diversity

- *“I would say by and large, I don't have a clear of understanding of that term and what it really means. I guess it's because we haven't entered into the conversation of what that clearly means.”*
- *“I think diversity is on so many fronts. It really encompasses a person and their values, belief system, their family, their community. For me, that also encompasses their ethnicity, their country of origin or their community of origin. Such orientation as religion, it's really all encompassing, but it's not limiting to those kinds of things.”*



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Properness of Diversity Discourse

- *I don't even know what term is appropriate. My big concern is that I don't want to offend anyone by having the wrong terminology.”*



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Workforce Diversity

- *“But I also get the feeling most of the time that the frontline grunt is...they are not the one that are being involved in all this wonderful talk and theoretical approach to where we're going in nursing or wherever we're going within the [organization].”*



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Discrimination & Racism

- Overt & subtle
- Individual and systemic
 - *“we do have people who are racist and who are racist and using a broader term of anything that's different from themselves. But they don't accept that they have difficulties working within. And that can set off difficulties and tensions, and prevent open working environment, and even socially it can affect the workings of the team”*



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Awareness of Diversity

“We do know now that we're in a difficult situation in Canada that we have a nursing shortage and that we're going to be recruiting from all over the world. Cultural diversity is here to stay.”

“We probably don't talk as much about [the] cultural diversity of colleagues that we are working with or even have that kind of perspective around it.”



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Implications

- Creating an environment of inclusion for a culturally diverse nursing workforce is complex. However, there are some steps that are essential to moving forward.
- These must include policy, cultural competence in clinical practice and diversity leadership management
- Specifically:
 - Organizations need to build responsive and welcoming workplaces in which all feel engaged.
 - Nursing leaders who oversee system changes need to create a workforce that reflects the emerging cultural groups in the population and of the recipients of health care.



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Implications...

- Leaders and managers need to cultivate a team spirit informed by a broad range of culture based values and beliefs.
- Diversity training, mentoring of 'all' staff and leadership development should be benchmarks of today's health care organizations
- *Career advancement is vital e.g. promotion and mentoring*
- Recruitment and retention of visible minority and multilingual nurses should be accompanied with diversity resources to ensure healthy workplaces.



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Concluding Remarks

A true commitment to diversity leadership in nursing requires the creation of “an environment where no one is advantaged or disadvantaged; an environment where ‘we’ is everyone”

(Dreachslin, 2001, P.407)



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