NURSING WORKFORCE DIVERSITY: A STRATEGY FOR ADDRESSING HEALTH INEQUITIES

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Diversity in Canada

- In 2006, one in six of the Canadian population were selfidentified as members of a Visible Minority and 3.8% selfreported an Aboriginal identity
- Canadians reported over 200 different ethno-cultural origins
- By 2017, more than one-half of the population in major cities like Toronto and Vancouver - will be Visible Minority people
- By 2031, members of visible minority groups will comprise nearly 1 in 2 of the working age Canadian population

Why Diversity in the Health Professions?

- The cultural challenges posed by a shifting patient demographic can best be addressed by health professionals who are study and work in culturally dynamic environments
- Students at diverse institutions are better able to understand and consider multiple perspectives, resolve conflict, and appreciate both similarities and differences - (Bowen & Bok, 1998).
- Students who experience the most racial and ethnic diversity in classroom settings and in informal interactions with peers show the greatest engagement in active thinking processes, growth in intellectual engagement, and motivation, as well as growth in intellectual and academic skills - (Gurin, 2001)
- Diversity maximizes one's ability to reach full potential whether as a learner, an educator, or a frontline practitioner. It creates change at multiple levels, and advances a broad spectrum of issues (Chang .2002)

Diversity in Nursing: A Want or Need?

- Although a number of measures have been taken to increase diversity in nursing:
 - changes to admissions and educational process of nursing schools
 continuing education in cross-cultural issues for current health care providers
- The reality of today's demographic shifts calls for more research and innovation at all levels; the policy, institutional, and provider
- Achievement of a diverse and healthy work environment requires actions that target underlying organizational factors including issues of diversity.

Benefits of Diversity

- Diversity is critical to increasing cultural competence and thereby improving health care delivery
- Increasing diversity in the health workforce improves patient satisfaction
- Underrepresented minority providers tend to practice in underserved areas thus improving access for the most vulnerable
- Diversity in the health workforce has valuable economic benefits;
- Poor health outcomes for visible minority people, attributable to a lack of diversity in the health workforce, translate to a loss of productivity, unnecessary absenteeism, and increased health care costs



Purpose

- Exploring Diversity in Nursing in the Champlain Region: a Capacity Building Initiative "
- · Study Objectives:
- To explore the current state of knowledge on ethno- cultural diversity in the nursing profession
- To raise awareness about effective crosscultural care
- To mobilize nurses to develop a network of experts in the field
- To strengthen nurses' capacity to engage in evidence-based cross-cultural health care



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Research Methodology

- Qualitative study using a grounded theory approach, informed by the tenets of participatory action research (PAR)
- Participants were self-identified "White/Caucasian" nurses and represented all levels within the organization.
- They represented clinical, education, leadership, administrative, and policy positions
- · Data Collection: 21 Interviews guided by theoretical sampling
- Focus group to inform data interpretation and member-check
- · Data Analysis: Constant comparison process
- · Interviews were transcribed verbatim and coded for themes.
- · Data management: Atlas ti facilitated data storage



Results: Workforce Diversity

- Workforce Diversity: Study participants' understanding of the increasingly diverse demographics of the patient population as well as among their nursing colleagues.
 - They also acknowledge the issues emanating from this diverse healthcare environment.
- · Four sub-themes were identified:
 - · a) current state of workforce diversity;
 - · b) understanding culture/ethnicity;
 - · c) understanding openness and open-mindedness
- d) the impact of workforce diversity.



1. Current state of workforce diversity

- a) the changing nature of the composition of diversity
- b) the impact of language, upbringing, and institutional policies
- diversity decreases the higher up the hierarchical organizational ladder one goes.
- a). The composition of workplace diversity:
- A lot more people like myself who are Vanilla, if you will, from Northern Ontario and places like that.
- I would say probably 30 to 40 percent [are currently visible minority staff].



Current state of workforce...

- · The composition of workplace diversity...
- When I came, the Italian population had dwindled quite a bit so, maybe 5%. Jamaicans maybe 15%, and then maybe 2-3% Filipinos...and that was big... Now, there is more African, West Indies, and we're now in the minority. So I am going to say 70-30 [% of diverse nurses to Canadian-born nurses]. It's really growing. We have a huge number of African staff coming in.
- I have to say that I've been in this role as an administrator for 10 years, and definitely, I am seeing the landscape of our nursing group become very diverse. From an ethnic perspective, I will say that both ethnicity, color, even from a multigenerational perspective, there are a variety of different aspects [influencing diversity] that I have observed over the past 10 years.

Current state of Workforce...

b). Diversity decreases the higher up the hierarchical organizational ladder Different cultures are working during days [i.e. day shift]... As you can see mostly in days you have Canadian-educated nurses, and in the evening and at night you have nurses from different countries.

Although we may not have as many Black people in the administration, this is not a

c). Everuday experiences with diversity the population of patients that we had were very racist. .. I remember one patient in particular, telling a Black nurse, "Go back to the jungle you were born." On Lord' Arnyway, a lot of the patients dion't like the lact that we have Black nurses looking after them. ... But now they [patients] are not all like that. It's that [learlier]

Of course, the majority of all those troubled souls...are White Caucasians – old people who don't like colored people. So it's not that mixed. 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.

2. Understanding culture/ethnicity

- I think the term around diversity is 'ethnicity.' 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 that conversation of what that clearly means.
- Building that sense that we are from many cultures and many walks of life and that we need to be able to respect and embrace all of that diversity.
- Recognizing that this is someone's culture and it has something important for them. It has a value system for them.
- · I didn't understand the different strategies for the different cultures.
- If you get two different cultures or two different backgrounds, there might be some misunderstanding because they don't know why some people may be things in certain ways. There might be wrong interpretations on the way things are done. So this might create conflicts.

3. Understanding openness and openmindedness

- Well, you have to have an open-mind. I mean I have worked with different generations... First of all I started in French and English ... and then it was men and women...and then Caucasians and ethnic minorities. So you have to have an open-mind [to understand and appreciate diversity].
- We need to be open and understanding their context and where that is different from the context they are moving into and help them work. Provide that support as they move into that.



4. The impact of workforce diversity

- a) Diversity issues impact on the provision of patient care
- b) Diverse learning styles among diverse co-workers influences interaction with patients and colleagues alike
- Addressing diversity issues, could threaten established 'Canadian' ways of providing practice appropriate care
 - I guess when we know that people are coming directly from another country, new immigrants...and the way we are doing that...is to teach them about the Canadian society as we [Canadians] see it.



The impact of workforce diversity...

- There is also religion. You know some days...you go in and next thing is they shove something in your face because it's prayer time. It is things like that you always have to be thinking...okay they have to pray so I'll give them that space, and put the chart in another room.
- If you are open to understanding and asking of colleagues [and patients]... what their beliefs, values or whatever are, I think it opens you to being able to use that to provide the care for them [and] to be open to your colleagues and it's just an enriching experience.



Discussion and Implications

- · Healthy equity is a reality of the Canadian society;
 - E.g. while immigrants have been shown to have equal or better health status upon arrival in Canada than other Canadians, this "healthy immigrant effect" seems to decline with length of residency, so that an immigrant's health status ultimately declines to a level equal to or less than that of their Canadian born counterparts
- To move toward health equity healthcare leaders, organizations and policy makers need to address diversity related barriers at the point of care, organizational and system levels
- · Healthcare needs to address barriers such as:
- lack of skills and knowledge among clinicians in front-line care,
 differing understandings of what cultural diversity entails,
- varying levels of commitment to culturally safe and competent care,
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 perpetuation of stereotypes and biases about certain populations,
- systemic allocation of resources in ways that favour certain popular over others.



Discussion and Implications...

- Diversity management efforts must not be management-driven and forced throughout the organizations.
 - Instead it should be accompanied with bottom-up strategies and should target change in attitudes and not only behaviours change.
- 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.
- Organizations need to build responsive and welcoming workplaces in which everyone feels engaged.





Discussion and 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
- · Diversity management should consider:
- · Recruitment-selection, hiring
- · Retention-fair treatment in the workplace
- Advancement- promotion, mentoring and development of members of Visible Minorities.

Conclusions

- Given the changing face of contemporary society, health care organizations are already diverse by default since those seeking health care reflect the ethno-culturally diverse demographics of today's global 'village'.
- Some visible minority people are health care professionals themselves so dealing with diversity is a reality of our world.
- While some may deal with this reality with strategies that result in quick fix, cover-up, or those that defer the problem with a minimum hassle, managing diversity effectively in health care organizations demands a more systematic and comprehensive approach--- including a power analysis.





