Masterclass

Diverse Teams for Diverse People with Diverse Health Issues

For

Office for Health management

Participant Manual

MALKAM Cross-Cultural Training

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Cross-Cultural Training
MALKAM
Formation inter-culturelle

Agenda

- What is Diversity?
- What is Culture?
- Diversity Quiz!
- The Impact of Diversity on Communication
- Diverse Teams

Personal Objectives

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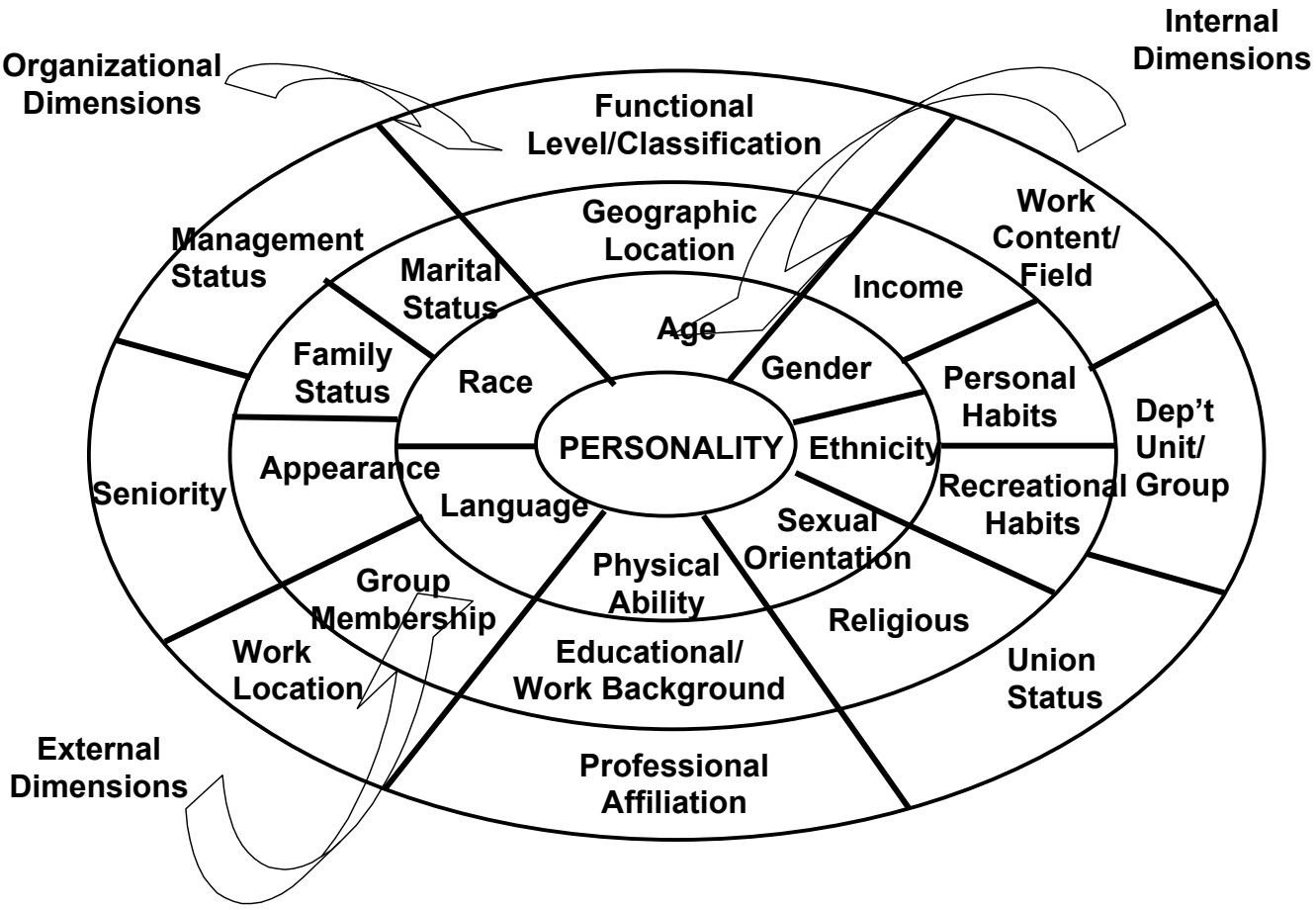
Session Objectives

- To explore the value of diversity in the health care team and go beyond compliance to commitment in fulfilling requirements
- To understand “culture and “diversity” and its effect on managing multi-cultural teams
- To break down the barriers that impede competent care giving
- To build skills in communicating within a diverse workforce
- To discuss challenges and opportunities in creating and working with diverse teams

What is Diversity?



Notes:

Assessing the Impact of Diversity In Your Team[1]

Think about each dimension and rate the degree of difference each makes in the health care environment.

SUBJECT	Little Difference 1	2	3	4	Great Deal of Difference 5
PERSONALITY					
Different Styles and Characteristics					
INTERNAL DIMENSIONS					
Age					
Gender					
Sexual Orientation					
Ability (physical and other)					
Language					
Ethnicity					
Race					
EXTERNAL DIMENSIONS					
Geographic Location					
Income					
Personal Habits					
Recreation Habits					
Religious Belief					
Educational/Work Background					
Group Membership					
Appearance					
Family Status					
Marital Status					
ORGANIZATIONAL DIMENSIONS					
Functional Level/Classification					
Work Content/Field					
Dept./Unit/Group					
Union Status					
Seniority					
Work Location					
Professional Affiliation					
Management Status					

[1] Adapted from *Diverse Teams at Work.* Gardenswartz & Rowe. 1994.

The Link Between Employment Equality and Diversity

Employment Equality	Valuing Differences	Managing Diversity
Quantitative Emphasizes achieving equality of opportunity in the work environment through the changing of organizational demographics. Monitored by statistical reports and analysis.	**Qualitative** Emphasizes the appreciation of differences and creating an environment in which everyone feels valued and accepted. Monitored by organizational surveys focused on attitudes and perceptions.	**Behavioral** Emphasizes the building of specific skills and creating policies, which get the best from every employee. Monitored by progress toward achieving goals and objectives.
Legally driven Written plans and statistical goals for specific groups are utilized.	**Ethically driven** Moral and ethical imperatives drive this culture change.	**Strategically driven** Behaviours and policies are seen as contributing to organisational goals and objectives such as profit and productivity and are tied to reward and results.
Equitable Specific target groups benefit in response to changing face of Ireland.	**Idealistic** Everyone benefits. Everyone feels valued and accepted in an inclusive environment.	**Pragmatic** The organisation benefits; morale, profit, and productivity increase.
Assimilation model Assumes that groups brought into system will adapt to existing organisational norms.	**Diversity model** Assumes that groups will retain their own characteristics and shape the organisation as well as be shaped by it, creating a common set of values.	**Synergy model** Assumes that diverse groups will create new ways of working together effectively in a pluralistic environment.
Opens doors In the organisation. Affects hiring and promotion decisions.	**Opens attitudes, minds, and the culture** Affects attitudes of employees.	**Opens the system** Affects managerial practices and policies.

Notes:

Culture Competence Continuum[2]

1. Culturally **DESTRUCTIVE** organisations actively participate in purposeful attacks on another culture, and dehumanise their clients from different groups. The attitudes, policies and practices of these agencies are destructive to cultures and the individuals within these cultures.

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2. Cultural **INCAPACITY** occurs when organisations do not intentionally seek to be culturally destructive but have no capacity to help diverse clients. The system remains extremely biased, believes in the superiority of the dominant group, and assumes a paternal posture towards "lesser" groups. An example is a private hospital that would turn away a sick or injured person who belongs to the Irish Traveller Community and direct him to the nearest public hospital.

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3. Culturally **BLIND** organisations believe that culture makes no difference and that if the system works, as it should, all people—regardless of their uniqueness — will be served with equal effectiveness. A simple example of cultural blindness was the light tan bandage that for years was sold as "flesh-coloured." It was, but only if you were a fair-skinned white person.

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[2] "Culturally competent organizations". Management Sciences for Health. Available at http://erc.msh.org

4. Culturally **PRE-COMPETENT** organisations acknowledge their weaknesses in serving some communities and attempt to improve some aspect of their services to specific populations.

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5. Culturally **COMPETENT** organisations accept and respect differences among and within different groups; continually assess their policies and practices regarding culture and expand cultural knowledge and resources; and adapt service models in order to better meet the needs. These organisations work to hire staff who are unbiased and those who represent the diversity of the communities being served; and seek the advice and counsel from their clients. They are committed to policies that enhance services to a diverse clientele.

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6. Culturally **PROFICIENT** organisations conduct original research, develop new therapeutic approaches based on culture and publish and disseminate their results to add to the knowledge base of culturally-competent practices. Culturally proficient agencies hire staff who are specialists in culturally competent practice. Such agencies are expansive, advocating for cultural competence throughout the health care system and for improved relations between cultures.

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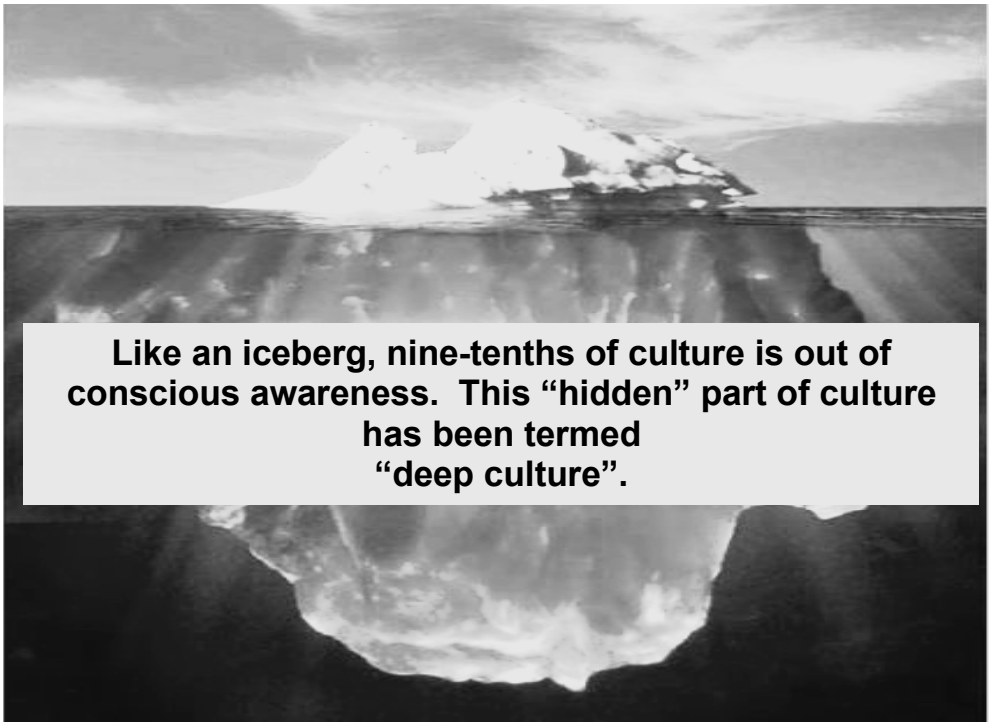
What is Culture?

THE ICEBERG CONCEPT OF CULTURE[3]



Activity:

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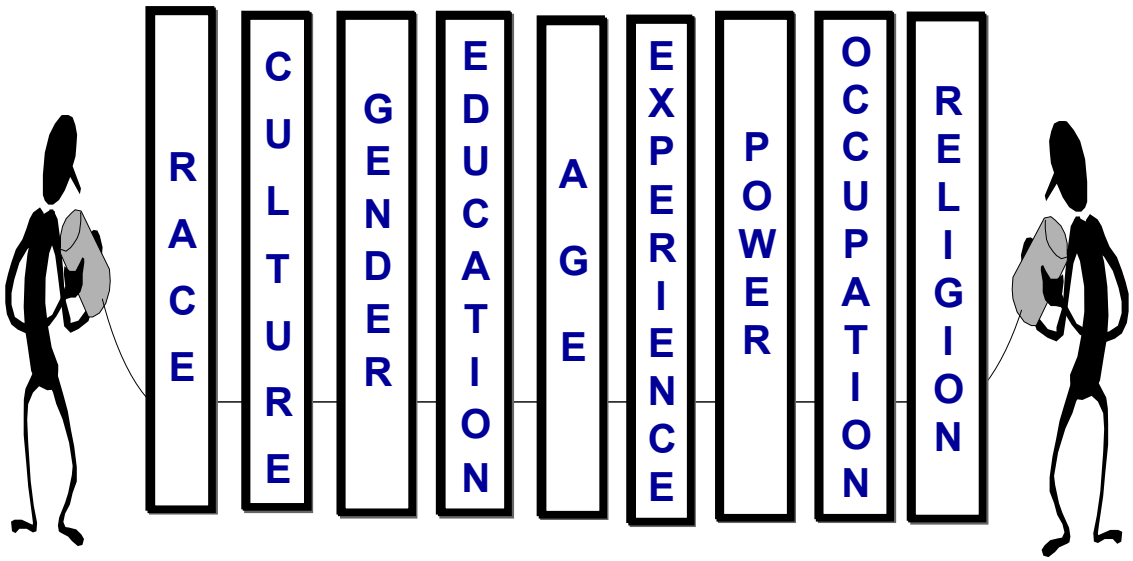
[3] [3] Hall, Edward T. *The Hidden Dimension*. New York: Anchor Books, 1969, P. 188

Filters[4]



Notes:

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[4] Adapted from Walton, Sally. *Cultural Diversity in the Workplace*. New York: Irwin Professional Publishing, 1994, p. 29.

Mixed Generations @ Work[5]

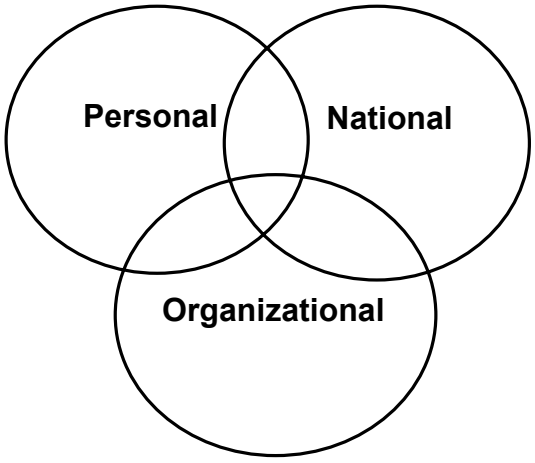
Baby Boomers - Generation X - Nexters

- Accommodate employee differences
- Create workplace choices
- Operate from a flexible management style
- Respect competence and initiative
- Nourish retention

Notes:

[5] Zemke, Raines, Filipczak. Generations at Work. 2000.

Understanding Values



Personal Values:

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National Values:

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Organisational Values:

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Key Values Affecting Care

- Individual/Group
- Fatalism
- Privacy
- Access to Information
- Status

Stereotypes, Prejudice, Biases

Stereotypes are…

- ideas or images people have about particular types of other people, which are often not true in real life.
- generalisations influenced by one's norms, values and experience.
- failure to recognise and account for differences.
- at the heart of prejudice and block our ability to think about people as individuals.

Notes:

Diversity and You![6]

I woke up and found that I had changed to the following "new" person:

_____ _____ _____ _____ _____
Occupation Age Ethnicity Gender Sexual Orientation

This is how my life would be the same or different (please check):

	Same	Different	Describe Difference
The friends you associate with			
The social activities you enjoy			
The food you prefer			
The religion you practice			
The way you dress			
The community where you live			
The job/position you hold			
The way your colleagues look at you			
The music you enjoy listening to			
The language(s) you speak			
The political party you belong to			

[6] Adapted from *Diversity and Unlearning Prejudice Training Department of Health Services, County of Los Angeles*

The Impact of Diversity on Communication

Communication Styles

1. Linear ⟷ Circular

Linear: Discussion is conducted in a straight line, developing casual connections among sub-points towards an end point, stated explicitly. Low reliance on context. (Cut to the chase, where the rubber meets the road!)

Circular (Contextual): Discussion is conducted in a circular movement, developing context around the main point, which is often left unstated. High reliance on context. (Once you have the relevant information, you'll just know what I mean!)

2. Direct ⟷ Indirect

Direct: Meaning is conveyed through explicit statements made directly to people involved, with little reliance on contextual factors such as situation and timing. (What you see is what you get!)

Indirect: Meaning is conveyed by suggestion, implication, non-verbal behaviour and other contextual cues; for instance, statements intended for one person may be made within earshot to a different person. (What you get is what you manage to see!)

3. Detached ⟷ Attached

Detached: Issues are discussed with calmness and objectivity, conveying the speaker's ability to weigh all the factors impersonally. (If it's important, it shouldn't be tainted by personal bias!)

Attached: Issues are discussed with feeling and emotion, conveying the speaker's personal stake in the issues and the outcome. (If it's important, it's worth getting worked up over!)

4. Procedural ⟷ Personal

Procedural: Questions should be resolved by adhering to policies and procedures as much as possible; following the rules helps to prevent discrimination. (Fairness is ensured by treating people similarly!)

Personal: Questions should be resolved by understanding and acting on the particular circumstances of the people involved; following the rules too much may prevent empathy. (Fairness is ensured by treating people uniquely!)

Communication Behaviours

- Questions
- Face
- Silence
- Eye Contact
- Handshakes
- Voice

Communicating Effectively across Cultures

Effective Cross-Cultural Communicators are:

- Tolerant of Ambiguity
- Open-Minded
- Non-Judgmental
- Flexible, Adaptable, Curious
- Perceptive

And Have:

- Strong Sense of Self
- Ability to Cope with Failure
- Low Orientation to Status
- Ability to Establish Empathy

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Characteristics of Diversity Mature Individuals

- Accepts diversity management responsibility
- Demonstrates contextual knowledge of personal and organisational objectives, concepts and definitions
- Acts on the basis of requirements
- Challenges conventional wisdom
- Engages in continuous learning
- Is comfortable when dealing with the dynamics of Diversity

Notes:

Diverse Teams

- Myth #1: The potential for conflict is greater with diverse teams, while achieving cohesion and productivity is more difficult.
- Myth #2: It is almost impossible to be harmonious and collaborative with team members when fundamentally different values exist on a team.
- Myth #3: Just bringing people together who share a common goal will result in effective teamwork and yield results.
- Myth #4: The quality of work from teams is superior to that from individuals.
- Myth #5: There is a template for effective team development.

Notes:

How do diversity variables impact interpersonal relationships and the effectiveness of your team?

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Diversity's Impact on Team Principles

- Diverse experience/knowledge?
- Common Purpose?
- Dance together?
- Embrace Tension?
- Value Differences?
- Emphasises team creativity?
- Develop bonding and bridging?
- Check in on Relationships?

Issues Within the Team

Values

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Perceptions

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Expectations

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An Effective Team has…

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How to Create a Successful Diverse Team

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A Diversity Competent Health Care Organisation

- Openness and respect for diverse staff and clients
- Access to a diverse cadre of professional interpreters
- Signs and written materials in the languages of its clients
- A culturally diverse staff that ideally reflects its client mix
- Diversity orientation and training for medical and non-medical staff at all levels
- Services and programs that address the very different needs of different client populations
- Routine evaluation of treatment outcomes by diverse patient groups

Appendices

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How does your organisation measure up?*

Assess your organisation's effectiveness with regard to Employment Equality, valuing and managing diversity. With this exercise you can pinpoint diversity-related issues that need attention and give extensive feedback regarding aspects of diversity development. The results also present a good source of input on strategic goal setting for Diversity Management.

Employment Equality is effective in your organisation when:	
There is a good faith effort to recruit, hire, train, and promote qualified employees from underrepresented groups.	
There is a diverse staff at all levels.	
The composition of management staff reflects the composition of the work force in general.	
Internal networking surfaces qualified candidates who are from diverse groups.	
Mechanisms exist to identify and mentor diverse employees who show promotional potential.	
Managers recognise it as their responsibility to make progress in building teams that reflect the composition of the work force.	
There are few gripes about preferential treatment and reverse discrimination.	
Diverse individuals who are promoted are accepted in their new positions by the rest of staff.	
Managers' pay raises are tied to achieving goals set in a plan.	
Diversity is valued when:	
Turnover among all groups is relatively proportionate.	
Employees form friendships across racial, cultural, life-style, and gender lines.	
Employees talk openly about differences in backgrounds, values, and needs.	
No group in the organisation is the target of ridicule, jokes, or slurs.	
Individuals feel comfortable being themselves at work.	
Diversity is being managed effectively when:	
Leave, absentee, and holiday policies are flexible enough to suit everyone.	
Cultural conflicts are resolved and not allowed to escalate.	
Employees of all backgrounds feel free to give input and make requests to management.	
Diverse employees take advantage of career enhancement opportunities.	
Diverse teams work co-operatively and harmoniously.	
Productivity of diverse teams is high.	
Managers get commitment and Cupertino from their diverse staff.	
Organisational procedures such as performance review and career development have been restructured to suit the diverse needs of employees and award employees who actively support diversity.	

* Gardenswartz, Lee & Rowe, Anita. *The Managing Diversity Survival Guide*. Irwin Professional Publishing.1994.

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ISSUES AND TRENDS IN CANADIAN NURSING
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NUMBER SEVEN

(The following article was shortened by the MALKAM team to better reflect the needs of the OHM Masterclass participants.)

Cultural Diversity – Changes and Challenges

Canadian registered nurses1 are being challenged to care for increasingly diverse clients. Because of this we do not have to look far to find examples of nurses providing culturally sensitive care to a variety of individuals, families or communities.

In a small community in Saskatchewan a nurse on a medical unit responds to the requests of Aboriginal families to perform traditional sweet grass healing ceremonies. Other departments help to develop a policy to accommodate this ceremony within the non-smoking environment. The maternal-newborn public health nursing team requests an educational program about Asian postnatal religious, food, and bathing practices. They learn about common beliefs, rituals and expectations so that they can understand the needs of a large Asian community. In the Atlantic provinces a premature infant of Muslim parents dies of uncertain causes. The neonatal nurse-physician team obtains the family's consent for an autopsy. They make arrangements for the autopsy to be completed prior to sundown on the day of death. This family's religious traditions require the burial rituals to be performed before sundown.

Because Canadian nurses are expected to learn about cultural diversity, knowledge, skills and attitudes about culture are included in the 1999 CAN *Blueprint for the Registered Nurse Examination*. These competencies are: demonstrating consideration for client diversity; providing culturally sensitive care (e.g., openness, sensitivity, recognizing culturally based practices and values); and, incorporating cultural practices into health promotion activities.

The CNA *Code of Ethics for Registered Nurses* requires that nurses provide care in response to need regardless of the culture of the client. To assist nurses in providing this care, cultural issues are featured in nursing literature, conferences, research, and in standards of nursing practice. Nursing focuses on the well-being of clients. Clients can be individuals, families and communities. The building blocks of effective nurse-client relationships are caring, respect, openness and a client-centered focus. These building blocks are also fundamental to providing culturally appropriate care.
CNA has prepared this resource to examine what culture is and how it is changing. It will also examine what nurses need to know about providing care that is respectful of culture.

What is culture?

Each of us has a culture. Leininger defines it as "…the learned values, beliefs, norms and way of life that influence an individual's thinking, decisions and actions in certain ways.2 Culture has been characterized as: "… a way of life, a way of viewing things and how one communicates ... it provides an individual with a way of viewing the world, as a starting point for interacting with others ... all encompassing and reflects the assumptions individuals make in every day life."3 Once we know what culture is, being aware of it is an important step. Culture is individual, learned and shared. It varies across groups and over time. A person's culture is rooted in ethnicity and race but these roots never solely determine it. **Culture is influenced by factors**

such as age, gender, education, life experience and sexual orientation. Social and economic status, race, language and ethnicity also influence culture.

It is a challenge for nurses to understand the way clients of various cultures think, feel and behave when it comes to matters of health. It is especially difficult because the cultural face of Canada has changed over the past 15 years. Canadians have a larger range of ethnicity, language, and country-of-origin than ever before.

What are the barriers to culturally appropriate care?
A number of factors hinder the development of a health system that is sensitive to culture. Lack of experience and lack of knowledge are two of these factors. Lack of knowledge may occur when students are not exposed to ethnocultural content in health care curricula. Educators may be unable to provide specific knowledge or experiences to help students provide sensitive care for any number of reasons. Attitudinal factors such as fear, ethnocentricity, cultural blindness, racism and discrimination can also keep individuals from being sensitive to the culture of others.

What is cultural effectiveness?
Cultural effectiveness involves a partnership between the health care provider and the client. Cultural effectiveness is essential to the accurate assessment of client health status, needs and goals. Cultural effectiveness is linked to good health outcomes.

Variable terminology
While terms vary, they share common elements. For example, the following terms share a respect for culture and cultural diversity: culturally sensitive; culturally appropriate; culturally specific; culturally responsive; culturally relevant; and, culturally competent.
Subtle differences among definitions can account for trends in terminology. Cerny found that meanings of the term **cultural sensitivity** can vary.6 For example, cultural sensitivity is sometimes seen as a tool for increasing nursing efficiency to provide care in spite of cultural barriers. It can be viewed as a control orientation. On the other hand, a humanist orientation to cultural sensitivity emphasizes understanding, respect, personal growth and communication.

Culturally sensitive care can be defined as "…knowing the total patient ... through cultural assessment and communication and, the delivery of care in a manner that is respectful, accepting, flexible, open, understanding and responsive to the cultural needs of clients and families ...resulting in holistic and responsive care."7

The term **cultural competence** describes a process in which health care providers develop cultural awareness, knowledge, and skill in encounters with people of other cultures.8

Cultural sensitivity and **cultural competence** have both been applied to health care organizations and individual providers. Both terms are sometimes used to talk about meeting the needs of culturally diverse staff and clients.

Transcultural care describes the skills of the health professional in providing care. Transcultural care includes cultural assessment, respect for the individual and incorporation of cultural values into care. To provide transcultural care, cultural awareness and sensitivity are essential.9

Cultural health care initiatives

Canadian registered nurses are meeting the challenge of providing high quality care for diverse clients through initiatives designed to address cultural needs. Examples include nurses in Vancouver who care for the mental health needs of elderly Asians10; nurses in Halifax who deal with black women's health issues; and in Whitehorse where First Nations Health Programs provide access to traditional healers, among other services for First Nations peoples.

In Ontario, the *Native Registered Nurses Entry Program* at Lakehead University teaches students to provide culturally appropriate care to Canada's Aboriginal communities.11 In Toronto, anti-racism health care workshops are developing. A cultural interpretation program sponsored by seven Toronto hospitals increases the access to services for clients from diverse ethnic, cultural and linguistic backgrounds.12

In southern Alberta, community nursing students and a local health unit participate in a cultural needs assessment project with a Mexican Mennonite community.13 In Edmonton, the Dragon Rise Health Team delivers culturally specific community health nursing care to Chinese and Vietnamese families by staff from the same ethnocultural backgrounds.14

The Aboriginal Nurses Association of Canada recognizes that the health needs of First Nations and Inuit people can be met by health professionals of similar cultural backgrounds and a common vision of wellness. The organization strives to recruit Aboriginal people into health fields, promote Aboriginal control of health services, and increase education about Aboriginal health and cross-cultural nursing.

Nursing responsibilities
There are four key responsibilities for nurses wishing to provide culturally appropriate care. These are: perform cultural assessments; use cultural knowledge; understand communication and form partnerships.

Cultural assessment – challenges nurses to examine personal attitudes and values about health, illness and health care. When nurses understand the differences between personal values and beliefs and those of the clients they appreciate the strength of both. The plan of care can then become mutually respectful and effective.

Cultural knowledge – includes learning about the health beliefs and values of clients. It includes how these influence their response to health care and beliefs about self-care in health and illness, the role of health care providers and hospitalization, birth practices, death and dying, family involvement, spirituality, customs, rituals, food and alternative or traditional therapies. This encourages respectful and open exploration of client attitudes, beliefs, perceptions and goals.

Verbal and non-verbal communication – between client and provider can be a barrier to accessibility of services. The use of facial expressions, body language and norms related to eye contact are examples of non-verbal communication differences that need to be understood. Listening, respecting and being open are essential. Specialized health care interpreters can be more effective than volunteer translators in interpreting both the words and the meaning of health information in a culturally accurate context.

Partnership among clients, providers and funding agencies
health care services while optimizing health outcomes for the client. Partners can establish health care needs, mutual goals for individuals and communities and facilitate client choice.

Future strategies

Nurses work throughout the health care system. There are many strategies nurses can use to improve responsiveness to culture at various levels. All nurses can: Increase personal cultural awareness, knowledge and skills. This can be done through application, reflection, and continuing education.

Awareness, knowledge and skills can be modeled and taught to students and others.
Advocate for education and anti-racism training for health managers and providers; changes to workplace practices and policies to improve cultural sensitivity of care; and, multicultural content in the health curriculum to educate students about how to practise from a cultural, as well as, from the traditional biomedical basis.

Collect information about local ethnic diversity and the implications for health care. If there is local input into the identification of needs and the development of models of care then standards for services are more likely to be respectful of culture and are more likely to reflect the diversity of the community.
Encourage recruitment of practitioners from culturally diverse backgrounds representative of the population and for multicultural coordinators. They can play a role in guiding the delivery of care, staff education , policy development, cultural interpretation and communicating with cultural groups. Because of their close contact with clients, nurses are ideally positioned to have an impact on the health care system. The system can become more sensitive to the cultural needs of clients. Nurses in roles such as practitioners, educators, managers and researchers can all contribute to achieving this goal. As the nursing profession moves towards the goal of providing culturally appropriate care it will find that outcomes for clients will improve and that nurses will have a more satisfying working experience.