Developing inclusion in health organizations

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This is Christine Ibanez, a registered Nurse. I am the home supervisor of the Victoria Care and Nursing center and would like to discuss the possible provisions and care plan that can help us improve our organization including the diversities we encountered with our staff and residents. But before anything else, let me define the terms Equality, Inclusion and Diversity which will be the basis of this paper.

As defined in Merriam Webster, Equality is " the quality or state of being equal, the quality or status of having the same social status, same right and value in certain respect. It is accepting that every individual is unique and different". Regardless of what nationality, ethnicity, religion, educational background or status in the society, every staff and client should treat each other with respect to build harmonious relationship.

Inclusion means to be fully included or accepted so as to make people feel valued and respected. It can be the opposite meaning of discrimination by providing equal access and opportunities to all our services.

Diversity is the state of having people with different races and cultures within a group or organization. Understanding that every individual is different, thus respecting their uniqueness.

INTRODUCTION

Victoria nursing center is an approved nursing home by the Ministry of Health of New Zealand to provide support services for the elderly people. It was established with the aim of helping residents to retain their

independence, identity and sense of value thus achieving the quality of life possible. Our main goal is to provide a friendly residential setting within a care home environment, to involve the family, relatives and friends in the day to day happening of the resident and to render quality home affairs with honesty and integrity at all times. The company seeks to fulfill and achieve our objectives to meet our residents' individual needs the best possible way and to retain and attract the best health care providers who can professionally deliver our service in a friendly manner.

Let me discuss some existing problems encountered in my nursing home and possible action plan I have we can consider for implementation. The four major diversities are culture, language, religion and socioeconomic status.

1. CULTURE

As a multicultural nursing home, we have healthcare workforce and elderly clients from different nationalities, some of the usual clients we have admitted are Pakeha, Maori, Filipino, Chinese and Indians.

Culture influences the people on how they think, see, hear and interpret the world. The advantage of having a multicultural organization is that the healthcare workforce learns new ideas and point of views from their co-workers. Cultural awareness can also play a big part in building relationship between the employees. But in some cases racial disparities are also seen in behavior, beliefs and customs.

Our staff including the Doctors, Nurses and aides is facing challenges in the provision or implementation of care. Westernize people are more comfortable in discussing about alternative medicines with their healthcare

providers but most Asian are less likely to engage in dialogue about using herbs supplements, they feel intimidated by western doctors and have fear that they will be judged according to their beliefs. It is important that doctors will be able to demonstrate understanding and acceptance of the different culture and ethnicity so as to bridge the gap between the traditional and modern medicine. By doing so, we could get the chance to reach out with our clients and help them understand that possibilities of preventing drug interaction will be achieved.

To be able to facilitate a culturally competent care, the healthcare providers should basically accept and acknowledge the uniqueness of every person.

ACTION PLAN

INTERVENTION	TIMETABLE	OUTCOME	DIVERSITY	RESPONSIBILITY
1.1 Conduct culture orientation through short film presentation.	4 May 2015	Healthcare providers will gain basic knowledge, learn and will properly demonstrate understanding of the	Healthcare staff	HR Manager

different culture behavior, norms and beliefs.

1.2	Organize open forum and staff meetings every 2 nd and 4 th Sunday of the month to address employees concern	Start May 10 and 24 2015 and every 2 nd and 4 th Sunday thereafter	The Department Head and Team Leaders together with the employees will be able to adapt and function in a diverse workplace	All	Department Heads and Team Leaders
1.3	Provide the employees with quarterly team building activities which		Employees will be able to improve and strengthen	All	HR Manager, Department Heads, Team Leaders

	all employees are required to attend		good working relationships with each other, resulting to excellent client service.	
1. 4	Organize semi-annual managerial training to provide new updates on how to handle employees from different culture background.	Every January and June of the year	Improve employee participation and cooperation with their team leaders and supervisors.	All	Human Resource Manager, Department Heads and Team Leaders

2. LANGUAGE

Language and cultural differences can obstruct effective communication between the healthcare provider and client. It's either the healthcare provider do not speak the language of the client or vice versa or both of

them are having problem expressing the primary language used in the workplace. Sometimes poor performances of employees are associated in lack of understanding of the instructions given to them. Another barrier can be the medical terminologies that the Doctors and staff are using to explain clients' health condition. Because of these language barriers, delivery of quality health care is not met adequately.

In positive aspect of having a multilingual organization, we are able to offer more to our clients and providing more effective communication strategies.

ACTION PLAN

	INTERVENTION	TIMETABLE	OUTCOME	DIVERSITY	RESPONSIBILITY
1.1	Train the employees to increase diversity sensitivity and improve communication	As soon as possible	Overcome adversity and promote productive communication and collaboration	All	HR Manager
1.2	Invite employees to join English proficiency	Starts month of May and every	Improve language and communicat	Healthcare providers	Team leaders

	organize by the company	fortnight thereafter	ion skills among employees	
1.3	Hire interpreters or bilingual providers	Position hiring starts 1 st week of May	To provide confidence to the clients in receiving healthcare service from the	
1.2	Invite employees to join English proficiency organize by the company	Starts month of May and every fortnight thereafter	Improve communication skills among employees	Healthcare providers / Team leaders

3. RELIGION

Religion is a very sensitive matter to handle as it is so deep and diverse. Not the same as culture, this is not easy to understand and learn. The spirituality can be helpful or important to patient's recovery; they use their spiritual practices and beliefs to cope up with their pain and suffering.

I have realized that some medical interventions are hard to implement because of religion considerations, in the case of Jehovah's witness they do not allow to be transfused by blood whatever the circumstances may be. The

Same with culture, some people are more attached to their religion than anything else as it's their belief and on these beliefs lies their Gods.

The management should make sure that no one in the work place should also be discriminated either patient o healthcare provider regardless of their belief. It is their sacred right to believe whoever they want to believe and they should not be considered better than another person who doesn't believe in any God.

ACTION PLAN

	INTERVENTION	TIMETABLE	OUTCOME	DIVERSITY	RESPONSIBILITY
1.1	Provide lectures on spiritual history under the direction of a priest or chaplain	30 April 2015	To bring awareness to the healthcare providers on how to deal with different religious beliefs and practices	Healthcare providers	Team Leader and HR Manager

of the

clients.

4. SOCIOECONOMIC STATUS

I believe that in New Zealand, people are generally nice and admirable regardless of their Socio-Economic standing. Very small chance that you find people with higher Socio-Economic standing in New Zealand consider themselves as better individual than the person in the next office who lives in a smaller town.

In case this issue arises in the office then it has to be addressed directly by approaching the person or people involved. Reminding them that putting people down due to their low socio-economic standing is a form of discrimination and will never be tolerated.

One strategy that could be effective in this case is to make sure that your staff are not just office workers but office mates (friends). Throw some small parties every now and then and make sure that each individual will have fun enjoying each other companies.

ACTION PLAN

CONCLUSION

The greatest challenge in the healthcare setting is accepting diversity. Constructing an environment of inclusion were all the staff can be of their maximum potential. Despite the differences in culture, religion, language and socioeconomic status of the co-workers and their clients it is still possible to have a harmonious multicultural organization through various

channel of providing information like open forum, seminars and trainings. Possessing knowledge of other culture will be helpful in giving quality care and culture sensitive service.

Nursing leadership in any health care work environment must recognize the uniqueness of each person and respect, protect and advocate for the individual right to self-determination and self-expression, confidentiality and dignity.

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- Take a culture inventory. What are your company's demographics? How many different nationalities, cultures and ethnic groups are represented? Publish the results internally. Regularly post updates to show your workforce that you are making progress consistent with your statement of intent.

- Craft a statement of intent regarding diversity and cultural positivity. Make sure that it is co-created with buy-in from top leadership. Post it publicly. It is okay to have a gap between where you want to be and where you are, provided that you are moving towards the ideal and not away from it.

- Provide mentors cross culturally. This will help senior leadership relate to and understand people of other cultures as well as provide them with an experienced guide. Simply assigning a mentor is not enough; the mentoring relationship must be active. Senior leaders are not always comfortable with mentoring and may lack mentoring skills and motivation. Provide training to both mentors and mentees and institute a regular process for monitoring their progress.

- Hold leadership accountable for harnessing diversity and cultural positivity. In the world of organizations, what gets measured gets done. Build these systems into a performance metric and regularly review the results.

- Circulate notices/news/videos of other international offices. Profile them in the employee newsletter. Let Iowa know what's happening in

Indonesia and vice versa. Focus on the people aspects more than performance.

- Encourage leaders to prepare and present a cultural profile of their people. One of my clients uses a PowerPoint presentation to introduce his diverse team and their local environment. He plays this as a scene-setter before his main presentation.

- Use icebreakers based on a positive view of cultural diversity. For example, ask meeting participants to introduce themselves as a descendant of their particular cultural group(s); share experiences from " the old country"; relate stories of parents' or grandparents" challenges.

- Facilitate dialogues around values and aspirations. Focus on identifying people's existing interpretations rather than rushing towards convergence.

- Refrain from using culturally biased competencies in leadership development models. Keep in mind that initiative and risk-taking have very different boundaries across different cultures. To suggest a single, dominant style perpetuates the dominant culture.

- Choose for talent, not quota. Leaders are grown, not born. If you don't have enough of a talent pool from which to select emerging leaders, then grow the pool. This means actively recruiting more diversity candidates for their leadership potential. Also provide training and developmental opportunities, augmented by personal leadership coaching.