

Example of case study on diversity and equity

[Education](#), [Learning](#)



Culture can be considered as a photocopy machine which makes copies of the original document with insignificant variations. Slight differences in the practices inevitably occur when traditions and values pass from one culture to another. Subcultures come into being when members of a particular group accept outside values over and above those of their prevailing culture. When people from different and diverse cultures interact with each other they realize the difference between their cultures and learn to appraise them. This becomes a learning process which leads to the development of a process called Diversity Self Awareness. It is an ongoing and active process where people recognize differences and similarities within and between various cultural groups. This process imposes cultural appraisal of patients & cultural sharing among healthcare professionals. This process should aim to maximize the outcomes and should look to smooth the progress of diverse work place synchronization. (Jeffreys, 2008)

It is very important that every healthcare organization understands the importance of diversity, as it can adversely affect the patient outcome and put at risk the safety of the patients. For example a nurse has experience of trans-cultural nursing but is not confident about performing cultural assessments and tries to ignore or avoid them. She administers a shot of insulin and leaves the patient with a plate of food items which are forbidden by his culture. Even if a new plate is ordered the delay does take its toll on the patient's health. In addition, cultural & psychological stress that occurs from culturally out of place actions is emotionally stressful & also affects the metabolic rate & insulin requirements. If the right assessment would have been done the current situation could have been avoided or in other words

could have been handled more professionally. A nurse who does not assess patients for folk medicine use is equally negligent. For instance a patient who drinks herbal tea has brought them with him to the hospital. The nurse administers digoxin which is a heart medication. The use of digoxin with ginseng can result in drug toxicity and might also lead to death. As illustrated above this situation as well could have been handled well by culturally sensitive nursing actions. Nurses who are over confident that they can handle situations without learning cultural diversity can cause major damage. Cases of unfair institutionalization or extended hospitalization of patients indicating acute side effects of a class of medications should warn hospital staff to screen patients' ethnic & genetic background.

The nursing sector has seen a large decrease in the number of qualified nurses. The capacity of nursing schools is unable to meet current as well as future demands which have created a demand for foreign educated nurses. Almost 10% of the registered in USA are foreign educated. Of them almost 80% are from lower income nations. One of the major source countries is the Philippines which accounts for almost 30% of the foreign nurses working in America. Foreign-educated nurses are primarily placed in urban areas, in all probability to be engaged by hospitals, & to some extent more likely to have a baccalaureate degree than native-born nurses. As such there is no evidence of the fact that foreign educated nurses establish themselves in areas which require medical attention in any greater ratio than native born nurses. Even though foreign-educated nurses are culturally more varied than native-born nurses, fairly small proportions are black or Hispanic. Job growth for RNs in the United States alone is producing escalating importance by

recruiters & employers to make better restrictions on nurse immigration at the same time those American nursing schools are rejecting a large numbers of native candidates because of limitations related to capacity.

As a result of advancement in technology the requirement of nurses had fallen way back in the 1990's. However this was very short lived as the hospitals began adding nurse positions. This situation demanded the influx of foreign educated nurses. The profession of nursing has taken a hit with the advent of several new carrier opportunities. There has been a very slow growth in the number of nurses. The worldwide shortage of nurses is one of the greatest obstacles in dealing with diseases like AIDS and HIV. This mingling of different cultures allows the exchange of medical practices and experience. Leaders from nursing associations have shared their experiences in dealing with those people who are living with these deadly diseases. Some of the enormous challenges faced can only be tackled or taken care of by working together and learning from diverse cultures.

The historical source or contributing state of affairs for regional & national nursing shortages differ from country to country. For instance, early health restructuring efforts in Chile & worldwide migration in African countries have created nurse shortages in out of the ordinary contexts. However, all shortages result in heavy workloads for remaining nurses which has made it more difficult to cater to the ever increasing needs and the ability to deal with life threatening diseases. (Canadian Nurses Association 2005)

Though the employment of foreign educated nurses have created some problems like language barrier and difficulty in understanding the culture of

that country but it has to be kept in mind that diversity is one of the key tools in the hospitality business.

Reference:

Jeffreys, M. (2008). Dynamics of diversity becoming better nurses through diversity awareness. Retrieved from http://www.nсна.org/Portals/0/Skins/NSNA/pdf/Imprint_NovDec08_Feat_Jeffreys.pdf

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