

# The effects of the multicultural act of 1985



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The influx of immigrants into Canada during the 1980's caused Canadians to sharply realize the need for a multicultural society. Canada's nurses were faced with the challenge of integrating multiple ethnic cultures into the practice of medicine. The Canadian Multiculturalism Act of 1985 was a step in the direction of integration (Multiculturalism Act, 1985). A nurse's job as a healer and counselor became more diverse. An integral part of nursing is the ability to understand the lives and the cultures of the patients.

How a person responds to health care depends on their family structure, their values and their ethics (Warbinek, 1994). Nurses need to understand the facets of many cultures in order to function appropriately. Because of this need nursing education began to include ethnic studies and classes on how to appropriately approach cultural diversity. Historically Canada was settled by mainly British and French settlers (Stelcner, 2000). The expansion of railways, industrialization and economics began to bring many immigrants from other parts of Europe in unprecedented numbers.

During 1978 the Immigration Act was introduced with several new features. The new bill focused on economic growth that included ethnicity's who had been overlooked in previous legislature (Stelcner, 2000). This act led to the increase of multiple cultures of non-European origins. Canada faced the arrival of over 1.5 million immigrants during the 1980's (Stelcner, 2000). Over two-thirds of these people came from places other than Europe. Canada has one of the easiest immigration policies (Ruemper, 1996).

They offer citizenship after only three years of living in the country, making it relatively easy to gain citizenship. Today 17% of Canada's population is immigrants and those people come from widely varied origins (Ruemper,

1996). Not only does Canada face integration of immigrants it also faces multicultural issues when dealing with the native aboriginal peoples of the region (Mitchell, 1996). Canada has tried many integration systems, mostly through the educational sector (Sefa Dei, 1996). Not all of their attempts have been beneficial.

One tactic that showed the absolute way not to encourage cultural integration was an attempt to remove aboriginal children from their homes and place them in boarding schools where, as the theory went, they would learn values and ways of life that were consistent with English-Canadian values (Sefa Dei, 1996). This obviously did not work. Questions were raised about a need for change in the way the country viewed integration. An awareness that the current ideas presented in social and educational mainstream objectified people, told them that their culture was backwards, was not a step in the right direction.

Unfortunately these ideas created a barrier that was hard to overcome. Those same problems presented themselves to nurses. They could see that in order to provide quality care they needed to know much more about the cultures their patients hailed from. The University of British Columbia made a critical step, under the supervision of Marilyn Wilman, in presenting new information to Canadian nursing students (Warbinek, 1994). Along with her many other achievements Wilman dedicated her time to assisting nursing students in mastering ethnic diversity; from there the idea of cultural enrichment spread.

Canadians from all walks of life were affected by the influx of multiple diverse cultures. Those people affected most were the cultural minorities.

They went from struggling in an economy foreign to them, to fighting for equal rights to function in the economy. The Multicultural Act of 1985, and its subsequent revision in 1988, and the 1986 Employment Equity Act brought the minorities closer to the goal of integration (Mitchell, 1996). The minorities also became aware that there were now nurses who had been trained in their culture, who had a better chance of understanding their cultural ethics and needs (Orque, 1983).

Of course these new policies affected the non-minority, non-immigrant population as well. There was a reassessment of the need to accept other cultures into mainstream society. Although Canada is one of the most accepting countries, the idea that people from different cultures needed special attention was hard to accept. Many people were happy with their traditional society and resisted change. There were feelings of resentment that resources were being distributed for programs that specialized in multicultural studies (Warbinek, 1994).

The University of British Columbia faced some opposition when they announced that they would be opening a division for ethnic and cultural studies. Canadian nursing students who were of ethnic minorities also had to battle for their place in an integrated society. There are two sides to this issue; those who were in favor of multicultural studies and those who opposed it. One of the problems presented was that although the Multicultural Act helped to preserve cultures, it did not have the effect of bringing the Canadian people together (Bibby, 1990).

Biddy (1990) felt that by signaling out specific groups it would encourage people not to join the mainstream but remain in small groups clinging to

their culture. Even some of the immigrants agreed. They were allowed to live in their culture but they were still considered minority groups. The stigma of minority followed them where ever they went, it appeared on job applications always pointing out they were different (Bidy, 1990). Some people even felt that they were receiving sub-slandered medical care because they were minorities (Sefa Dei, 1996).

Bidy (1990) also presented that the Multicultural Act helped allow people to maintain dangerous cultural practices. He believed that to maintain some cultures led to a prevention of equal opportunity education, employment and integration. Such as; many aboriginal tribes did not believe in immunizations it was considered dangerous and unnecessary (Kleinman, 1980). Due to the fact that the people would not receive immunizations it kept them out of school. This was seen as a denial of the right to equal education, but on the other hand it was a serious health threat to other students.

Nurses saw this problem first hand and realized that they needed to take steps to help educate the aboriginal people. Another problem that was pointed out was that the resources which were being spent on multiculturalism were mostly given to symbolic parts of culture (Bidy, 1990). Much of the resources went to things such as ethnic preservation or cultural art preservation and unfortunately was not spent on addressing the real problems of racism and inequality. Opponents thought that emphasising diversity became no more than a hammer to break apart national unity, country goals and Canadian culture (Bidy, 1990).

Further more some felt that by putting resources into multicultural nursing programs was a step backward for this very reason. Other opponents

thought that the Multicultural Act was not practical. The Canadian society is capitalistic and class is central feature. Within this structure there are inherent inequalities that cannot be blamed on ethnic diversity alone (Bidy, 1990). The feeling was that the same policies meant to help minorities instead allowed officials to ignore their complaints under the veneer that they had already done something to fix the problem.

Some advocates have raised the idea of cross-culturalism, which is more of a local plan. Here the focus is on educating individual groups, teaching them how to celebrate and preserve their own culture while becoming part of the mainstream whole. Research seems to show that although there are problems in the Multicultural Act, over all there has been a positive effect on nursing practices in Canada. As stated previously cultural recognition and sensitivity is an integral part of nursing practices.

When nurses do not understand what values and goals motivate certain cultural groups, they cannot offer the same level of care to their patients. The Multicultural Act changed the way that nursing education and practice operate. There are now required courses that emphasize enrichment in the field of multiculturalism (Ruemper, 1996). Nurses can no longer only be familiar with mainstream cultural issues. They need to have a broad outlook ethnicity and the ramifications on health. The addition of so many immigrants into Canada has enriched and diversified the lifestyle of all Canadian people.

Instead of ethnocentrism there is a wave of acceptance that is not found in many countries. Canada has one of the most progressive societies in terms of multicultural studies in the world today. Even through the opposition of

some members of Canadian mainstream feel that there was a negative impact overall, it seems as though multicultural education has led to progress. With a new understanding of ethnic diversity there have been many nurses who have chosen to help open practices in the far reaches of Canada in order to help bring health to the native Canadian tribes.

These nurses who have dedicated their lives to assisting the aborigines are learning about the culture and have managed to raise awareness of important health care needs such as immunizations, women's health and prevention. They have had the careful, time consuming job of deducing how best to present these lessons in away that the tribes can understand. The fact that aboriginal people are more often having their children immunized shows how far the Multicultural Act has brought them. This example shows the level of dedication needed to truly integrate society and it also shows the beneficial effect of the Multicultural Act in Canada.