

Academic writing task



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The Future of Nursing Honoring Diversity The transformation of health care is obvious in today's society and with nurses being the highest group of health care professionals, they hold the key to effective health care system change. Three solutions were identified in meeting the challenges in nursing: (1) effective utilization of technology, (2) increased tolerance of diversity, and (3) improved hiring and retention of talented nurses. This paper focuses on honoring diversity as the most significant step to spontaneously manage the multicultural, gender, and background differences issues in health care. I personally agree that in a diversified nursing environment, respecting individuality and welcoming new comers from various origins are paramount in achieving stability and standardized effective nursing care to a diversified patient population.

Increased tolerance of diversity in ethnicity, gender, and backgrounds of the new generation nurses had been a significant factor that answered the dilemma of nursing shortage for the past years. According to Suhr (2009, pp. 21-22), the shortage of nurses has led to increase the number of foreign skilled nurses in the workforce, whilst the nursing education rendered a significant number of male and advance in age new graduate nurses. Thus, we are encouraged to be more tolerant in matters of cultural differences and few flaws in English language in the working arena, whilst nurse educators need to adjust in their teaching and motivation skills to the new set of students. Suhr added that the new genre of graduate nurses should be welcomed for they are multi-talented and diverse, especially those who are second-degree holders whose professional maturity holds a promising performance in the working environment.

Foreign-educated nurses have been considered important in lifting the

nursing shortage in many western nations. The National Foundation for American Policy (2007, p. 2) presented the rate of foreign-educated registered nurses in the workforce of the following countries: New Zealand-23%, United Kingdom-8%, Ireland-8%, Canada-6%, and United States-3.7%. In the U. S., the call for embracing diversity in nursing and nursing education was heightened after realizing the pattern of change in this environment. These changes include an increase to 10.7% (as of 2009) registered nurses in the workforce from minority backgrounds, a significant surge in the number of men in the workforce from 5.8% in 1980 to 27.2% in 2004, and pursuit for baccalaureate and higher degrees in nursing education among minority groups were higher compared to whites with 46.5% of Americans pursuing whilst African-American was 52%, Hispanic 46.4%, and Asian 72.6% (American Association of Colleges of Nursing, 2009, p. 1). In the U. K., 60 to 80 nurses migrate to the United Kingdom each year from Swaziland and the estimated savings in training costs by recruiting Ghanaian health workers amounted to £65 million (World Health Organization, 2007). In Canada, without Internationally-Educated Nurses, the nursing shortage in Ontario would be more severe but aspiring foreign nurses are encouraged to take licensing examinations before migration to Canada (Baumann & Blythe, 2008, p. 5).

Apart from recruiting foreign-educated nurses in the workforce as an initiative, another form of tolerance is on the welcoming attitude of the local staff nurses extended to the new diversified graduate nurses and foreign-educated nurses. According to Persaud (2008, p. 1), " new graduate nurses may quickly begin to feel isolated and discouraged but mentoring may change these nurses outlook from one of surviving through orientation to

thriving through orientation and beyond". Whilst Maben's (2008, p. 3) study found out that both intrinsic and extrinsic that include improving practice, maintaining healthy relationships with managers and the rest of the team, feeling valued, and the synergy of working for a larger good, are essential motivators to sustain new nurses in the work force.

Acknowledging the need to promote diversity in nursing has been campaigned by many health care organizations worldwide. The Nursing and Midwifery Council (NMC) of U. K. established the Race Equality Scheme demonstrating equality in all areas of work to value people, recognize their skills, experience and talents, and treat them fairly irrespective of race, disability, age, sexual orientation, religion or belief and gender (Nursing and Midwifery Council, 2010). In the U. S. The National League for Nursing (NLN) is working toward an inclusive environment and increasing diversity in all types of nursing programs is consistent with the mission to promote excellence in nursing education to build a strong and diverse nursing workforce (National League for nursing, 2009). In Canada, Canadian Nurses Association (CNA, as of 2008) proposes increased participation of Aboriginal people and visible minorities in leadership positions in the nursing workforce, calling for 20% of nursing leaders to come from Aboriginal and visible minority populations by 2020 (Berry, 2009).

Thus, honoring diversity in nursing had been, indeed, a big factor in meeting the challenges in health care, especially in the aspect of nursing shortage, and this calls for embracing and increasing tolerance. With the present status of diversified clients and workforce in healthcare, maintaining a flexible and open environment is a complex undertaking. Hence, spontaneity in the provision of excellent patient care in a coordinated healthcare

environment requires acknowledgment and affirmation of individual differences in matters of cultural practices, ethical beliefs, backgrounds, behaviours, and social constructions and development of both patients and workmates. Upholding autonomy in a diverse environment is, therefore, vital for success.

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