

AONE GUIDING PRINCIPLES

FOR DIVERSITY IN HEALTH CARE ORGANIZATIONS

Background

Diversity is a reality in today's world. It has many dimensions, which are reflected through characteristics of race, ethnicity, national origin, gender, chronological and generational age, physical capabilities, socio-economic background, religion, special attributes, talents, abilities, human capacity, viewpoints, perspectives, values, ideas, practice experiences, life skills, sexual orientation and generational influences.

The United States is more diverse demographically and culturally than it has ever been in its history. In addition to 211,460,626 Americans of European descent, the U.S. Census Bureau identified 69,961,280 people from 19 other ethnic and cultural groups living in America (U.S. Census Bureau, 2000). A 2005 Census Bureau report states that one seventh of the United States population is nonwhite, largely due to immigration, but also due to higher birth rates in nonwhite populations.

Today's environmental scan brings to the forefront considerable changes that are impacting our view of the world. The effects of globalization, new technology, war, threats of bioterrorism and ecosystem imbalances are only the beginning of Americans' heightened awareness of the movement between cultures and countries, and the pervasive effects it has unleashed. With these demographic changes comes a move from being a melting pot to a more individualistic society where the interactions of individual cultures, language, religion and health practices are being experienced by an unprepared, and in some cases, unaccepting public.

Disparities, or inequities in power and resources, have been a part of the social fabric of the United States for a long time. In health care, this history is manifested in health disparities. The Institute of Medicine's *Unequal Treatment* (2003) is confirmation of deep and persistent racial and ethnic health disparities. Data continue to emerge that the particular needs of historically marginalized individuals and groups are not being met by the U.S. health care system. According to the *Health Care Disparities Report* (2004), underrepresented groups, as well as poor and less educated patients, are more likely to experience difficulties with communication, patient-provider relationships and access to health care information.

All the while, the leaders in many U.S. organizations, including those in health care, have not shown human resource composition adjustments concomitant with the changes in their communities. The frame of reference for doing business or providing health care is typically Judeo-Christian and Western oriented. Therefore, the potential for clashes in belief systems is great.

Professions, in and of themselves, are cultures. There continues to be inequities in leadership in administrative roles, and the nursing profession remains predominantly white and female. Although African-Americans, Latinos and American Indian/Native

Americans account for 25 percent of the U.S. population, they account for only six percent of practicing physicians and less than 14 percent of registered nurses. Estimates from the 2000 Sample Survey of Registered Nurses (HRSA, 2001) indicate that approximately 86.6 percent of registered nurses are non-Hispanic white, 4.9 percent are non-Hispanic African American, 3.5 percent are Asian, 2.0 percent are Hispanic, 0.5 percent are American Indian or Alaskan Native, 0.2 percent are Native Hawaiian or Pacific Islander, and 1.2 percent are of two or more racial backgrounds.

Diversity and culture are not the same, though these terms are often mistakenly used interchangeably. Culture is often viewed as a socially transmitted design for living. It includes idiosyncrasies and transmitted memory of a particular group of people. Sometimes there are cultural dicta about interactions that are immutable. We all have biases. Therefore, culturally attentive practices require an open mind, active curiosity in all human encounters and repeated self-assessments of one's belief system and assumptions. Individuals, who have experience in the U.S. health care system, whether as employees or consumers, have the right to expect consideration for their own individuality within the context of their culture and the larger society.

Position Statement

The American Organization of Nurse Executives (AONE), the premier organization and voice for nursing leadership, is committed to advocating for, and achieving diversity within, the community of nurse leaders and in the workplace environment. The organizational mission, vision and strategic direction of AONE recognize that the success of nursing leadership is dependent on reflecting the diversity of the communities nurses serve. AONE moves forward with an active sensitivity toward promoting diversity in all forms. It is the position of AONE that diversity is one of the essential building blocks of a healthful practice/work environment and, as such, we believe the following to be essential principles of diversity:

- Diversity is more than a compliance issue. It is an issue of stewardship of human resources.
- The effects of culture on behavior can be and often are significant, but culture does not predict behavior.
- Difference is not a problem; it is an opportunity to learn and grow.
- The consideration of both visible and nonvisible components of multiculturalism is a necessary cognitive process in all human encounters.
- Assaults on anyone's self-esteem and individuality are not acceptable under any circumstances.
- Environments where assumption siding Principles about diversity are great, are risk averse and not transformational for the communities they serve.
- Relationships are the true currency of organizations. Diversity, when valued and treated as a strength, can increase work productivity and minimize time-consuming disruptions.
- The need to address educational pipeline issues is an urgent matter if we are to have an adequately diverse workforce for the future.

- Cross-generational, cross-gender and cross-racial mentoring are actions that foster equity.
- Racism and its companions—biases, stereotypes and prejudices—must be understood and their undesirable effects prevented.
- It is appropriate and noteworthy to incorporate health literacy into the nursing curricula and areas of participant competence by professional schools and continuing education programs in nursing or other health-related fields.
- It is desirable and educationally responsible for schools of nursing to acknowledge and consider in their admission policies the impact culture may have on factors such as test scores, class rank and acts of leadership on the applicant pool of under-represented and traditionally marginalized groups in nursing.
- It is necessary to understand the demographic characteristics of the patient populations served and strive to balance them with those of the health care workforce.

AONE Guiding Principles for Diversity in Health Care Organizations

The following principles are intended to guide the nurse leader in achieving a diverse workforce by becoming an advocate for resources to implement and support a diversity program, encouraging a commitment to education and leading diversity research initiatives that are based on performance improvement outcomes.

Health care organizations will strive to develop internal and external resources to meet the needs of the diverse patient and workforce populations served.

- Designate fiscal resources to develop programs and policies to meet the needs of diverse patient populations served.
- Establish system processes to ensure the needs of all patient populations are met.
- Include members from the local community with diverse backgrounds in organizational planning processes.
- Educate the community on the importance of collecting data, including patient and workforce race, ethnicity and primary language spoken, for use in improving patient safety and quality.
- Develop processes and policies to ensure that non-English speaking and limited English proficiency patients will be assured of access to interpretive services and written translated patient education materials and documents.
- Implement processes to promote both the consistency of quality of care across various patient populations and a balance in demographics between the patient and the workforce populations.
- Execute employment recruitment plans and strategies to attract a workforce that is reflective of the populations served.
- Train staff members in the importance of understanding the diversity of the patient population served and provision of culturally competent care.
- Support staff members in obtaining training and education in health care interpretation.

Health care organizations will aim to establish a healthful practice/work environment that is reflective of diversity through a commitment to inclusivity, tolerance and governance structures.

- Encourage the employment of diverse groups of health care professionals.
- Actively involve all people in a shared decision-making process, when appropriate.
- Aim to establish a diverse healthful practice/work environment at all levels, including leadership and governance teams.
- Celebrate the diversity of talent as a source of strength, pride and team spirit throughout the organization.
- Emphasize the promotion, recognition and acceptance of diversity by all staff members in a nonbiased and sensitive manner.
- Facilitate the creation of a work environment that is conducive to open communication, flexibility and acceptance of differences.
- Lead staff members without stereotypes or assumptions and with sensitivity to their gender, race/ethnicity, knowledge, skills, cultural backgrounds, values and beliefs.
- Establish metrics to monitor targeted diversity benchmarks.

Health care organizations will partner with universities, schools of nursing and other organizations that train health care workers to support development and implementation of policies, procedures, programs and learning environments that foster recruitment and retention of a student population that reflects the diversity of the United States.

- Encourage use of admission criteria that focus on both qualitative and quantitative data.
- Recognize and appreciate the social and cultural barriers to college attendance that may exist for students from diverse population groups.
- Enter into collaborative agreements between education and practice that offer nursing staff from diverse groups the opportunity to serve as student mentors, guest lecturers, participants in school-based health centers and/or clinical faculty.
- Encourage and support graduate education for nurses from diverse populations in order to build a more diverse pool of nurse leaders including nursing faculty.
- Develop and implement career plans for potential candidates for nursing careers from current employees with an emphasis on those from nonmajority groups.
- Create and support community outreach programs such as “shadow a nurse day,” health care career fairs and high school tutoring programs for targeted cultural groups in collaboration with members of the local community.
- Create a clinical rotation environment that supports a diverse nursing student body and learning styles.

Health care organizations will collect and disseminate diversity related resources and information.

- Utilize technology to heighten awareness and share information and resources related to diversity.
- Collect data (including, but not limited to, race and primary language spoken) as a part of routine patient registration processes and human resources management programs in order to better document and reflect the components of the patient and workforce populations.

- Establish formal policies and procedures to reflect these data collections.
- Support health care information technology (IT) systems that enhance the collection of diverse patient and workforce demographic data.
- Provide education to all staff regarding the relevance and value of collecting patient and workforce data including race, ethnicity and primary language spoken.
- Train staff on effective strategies and appropriate mechanisms for obtaining these data elements.
- Inform communities why it is necessary for health care organizations to collect patient and workforce race, ethnicity and primary language data.
- Routinely review quality and utilization data by race, ethnicity and primary language of patients to eliminate potential inconsistency in quality of care across various patient populations and to balance patient population demographics and the workforce population.
- Utilize data to develop action plans toward improving the state of diversity in the workplace.
- Conduct research to measure the effectiveness of improvement plans.
- Review evidence-based practice related to diversity and incorporate “best practices” into the organizations’ own settings.

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