Navigating the Cultural Terrain of Healthcare: “Knowing what battle to fight and how to fight it”

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Disclosure of Conflict

• The author and her employers have no conflict of interest.
Presentation Outline

• Background
• Diversity in Canada
• Purpose & Research Question
• Research Methodology
• Findings
• Discussion and Implications
• Conclusion
Background: Diversity in Canada

- In 2006, one in six of the Canadian population were self-identified as members of a Visible Minority and 3.8% self-reported an Aboriginal identity.

- Canadians reported over 200 different ethno-cultural origins.

- By 2017, more than one-half of the population in major cities like Toronto and Vancouver - will be Visible Minority people.

- By 2031, members of visible minority groups will comprise nearly 1 in 2 of the working age Canadian population.
Globalisation and the ethnocultural diversity of contemporary society call for a culturally diverse health workforce to provide effective health care for all consumers.

There has been growing interest in issues of diversity, social inclusion, and racism within the nursing profession and programs are being developed to promote diversity in the profession.

This growing interest in understanding the importance of diversity and social inclusion, as well as the specific experiences of minority health professionals, holds promise for health care.

Therefore, sustained efforts to create a healthy population should include examining the work life experiences of minority nurses already working in the system.

This will facilitate the creation of a healthy work environment for all nurses irrespective of their ethno-cultural backgrounds.
Purpose

• This paper will present the findings of a grounded theory study that investigated the work life of visible minority nurses in Atlantic Canada.

• The study is part of a series of studies that explored the worklife of nurses from various social locations, with a goal of:
  – generating a theoretical understanding of the issues that influence the worklife of nurses on the margins of nursing.
  – informing policy targeted at the recruitment and retention of minority people into the leadership positions, in Canadian nursing.
Research Question

• “What are the work life experiences of visible minority registered nurses within the Nova Scotia health care system?”
Research Methodology

• Qualitative research using **grounded theory** approach.
  – Grounded theory is a qualitative research method used to discover underlying concepts and to generate theory of a phenomenon about which little is known.
  – It facilitates the discovery of general patterns, relevant concepts, relationships and the conditions under which they vary.
  – It starts with a broad research question.

• **Ethical approval** obtained from the local University REB

• **Sampling:** *Snowball technique* and **theoretical sampling** directed recruitment to enhance maximum variation.

• **Sample size:** 12 Registered nurses

• **Study Setting:** Atlantic Canada
Data Collection and Data Analysis

• **Data collection:** In-depth individual **interviews** and **focus group discussions** were the primary source of data collection. Interviews and FGD were transcribed verbatim and coded.

• **Data Analysis:** Coding-initial phase of the analytical process
  – **Constant Comparative Analysis** was used to move data from raw verbatim data to abstract ideas and theoretical concepts.
  – Atlas ti computer software facilitated data storage and management

• **Trustworthiness of Data:** Validation strategies such as, member-checking, audit trail, peer-debriefing and triangulation were employed to establish credibility of data.
Findings

Major Themes:
1. Healthy Workplace Environment
2. Navigating Cultural Terrain of healthcare

The paper will focus on:
• Relationship with both colleagues and patients
• How VMRN respond in these relationships.
Healthy Workplace Environment

- Relationships with colleagues
- Relationships with patients
- Organizational culture
Relationship with Colleagues

• At the beginning, I could see a couple of people that would treat me from the distance. ... Maybe [they thought] I wasn't going to be able to do my job as well as them, I don't know. ... But that doesn't happen any more.
Relationship with Patients

• Building patient trust is a central task of nursing is further complicated by visible minority status.

• What does it mean to care for patients as a visible minority RN? i.e. a nurse who does not look or sounds like white, mainstream nurses.

• One nurse explained,
  – “[Patients are] used to the familiarity of a Caucasian nurse. You can relate to the colour, the culture, certain jokes, I can’t relate to that”

• One nurse asserted that she felt able to overcome a patient’s initial resistance by demonstrating compassion:
  – I really care for all my patients with a caring heart, as if they were one of my family. And I think that’s the way to go because I don’t treat them as a patient, I treat them really good. That’s what I got and with all the theory, all the experience, and all the training I have behind me.
Relationship with Patients

- One nurse described an encounter with a patient soon after she began working. The patient assumed she was a student and did not trust her.
  - Even after I explained to him that I was an RN, he wouldn’t let me touch him. Which to me was... the only reason why was because I looked different.

- Some of the nurses reported that patients refusing care caused them to question their own abilities. As one nurse explained:
  - [it was] almost something to make me question my, my abilities as a nurse. It's like, should I even be doing this? Like, what is it about me? And if I wasn't, I wouldn't have qualified from any programs if I wasn't a competent nurse. So there's no question about my competency.
Organizational Culture

• Working as part of a team
• Getting respect
• Receiving support
• Reactions of others to discrimination
• Career advancement:
  – *People might think it’s really soaring up, but it took me 40 years to get here. Or 35 years. And when I look at the people that I used to work with and what other positions they’ve [held], they were no more qualified or skilled than I was. You almost have to prove yourself and be twice as good as other people.*
Navigating the Terrain of Healthcare

• Negotiating Difference

• Responding to difference
Participants experienced difference in terms of

– their own awareness of looking and sounding different,
– the treatment they received from others,
– the ways in which they interacted with others,
– their own actions and behaviours.

**Looking different**

– I was touching a little child and he said, ‘oh, your hand colour is different than mine’. And children are so honest, and I thought to myself, ‘yeah, it is different’. And for the first time I felt, ‘oh, I am different’.

**Speaking with accent**

– When I started back in 2003 it was kind of hard because there is a lot of underlying prejudice in a way, you know. People when they see you and they see that you have an accent, they say that you don't know as much as a mainstream nurse, I find initially with patients.
Negotiating Difference...²

Bringing food to work

- When I'd gone to the nursing lounge where we eat and heat up our food, and people, you know, nurses would say, oh, that smells really good. And, for me, it was, is that a bad smell, or is it a good smell, are they being true to me? Because knowing where I come from, my food has a lot of spices in it, I do have odours sometimes, I wonder, hey, is my, is my jacket smelling, is my coat smelling?
Negotiating Difference…

- **Proving Oneself:**
  - When people didn’t know me, they would test me a little bit in terms of my knowledge. And as soon as I sort of passed the knowledge test, they left me alone. ... I just sailed through.

- **Seeing the Good in Difference:**
  - I really think I'm lucky. I have an advantage over many Canadians and nurses, Canadian nurses, because coming from a third world country, I can really, really appreciate things here, especially health care.
Responding to Difference

• Having a positive attitude
  – You have to be positive in yourself. You know, if you're going to be positive, you can devote every, every problem that. ... Everything has a solution.

• Putting up with it
  – You work hard, you do your best, you swallow what is not right, in order to hold on to your position. What else can you do?

• Knowing and Choosing your battles
  – I think one of the lessons that I have also learned, you know, serving other people from other ethnic minority groups is, you can’t sort of complain about everything and label it racism, because then it starts falling on deaf ears. So, so I think you need to know what battle to fight and how to fight it. ... Save your energy for the big ones.
Responding to Difference

• **Professional development**
  – I think that one has to equip themselves ... to have the proper credentials and the proper qualification, and strive to be better, strive the best that they can be. ... I don't just believe [in] just ploughing through. Because how can I say, “how come I didn't get the job, I'm the best.” Because if I'm not the best, I can't say that.

• **Honesty:**
  – You have to be honest, a hard worker, then they recognize you.
Responding to Difference

• Confidence as a Resource:
  – I never give anybody chance to discriminate me. ...Why? What for? Here am I, this is my skin, this is my information, I am here, I’m – Okay, come and get me if you want. Let’s have a competition. Who’s going to win? Who’s self-confident?
Discussion and Implications

• Studies of the work-life experience of visible-minority-group members point to the cost of negotiating difference on a daily basis, and the mental and emotional strain of experiencing and/or witnessing acts of exclusion and discrimination (Choiniere et al. (2010); Premji & Etowa, 2014; Etowa et al, 2011; Sue et al, 2007).

• The coping strategies such as staying positive, working harder, choosing their battles, and investing in support networks, reported by participants in this study have emerged in previous contexts.

• The goal of this program of research is to link these proven self-help strategies with potential practice and policy design within healthcare in order to improve quality of worklife of all nurses and ultimately better care and better health outcomes.
Conclusion

• Visible minority nurses rely on personal resources such as past experiences, knowledge and skills to reinforce their self-esteem and help them stay positive about themselves and their work-life environment.

• They also call on external resources such as advocates, allies and social networks to help them cope with the continual negotiation of difference.

• While these resources are seen as vital to creating a positive work-life experience, and safe-guarding their mental and emotional well-being, it is equally important for organization to employ diversity management tools to foster a more inclusive work environment.
Thank you