AONE Position Statement on Diversity

Background:

Diversity is a reality in today’s world. Diversity has many dimensions, which are reflected through characteristics of race, ethnicity, national origin, gender, chronological and generational age, physical capabilities, socioeconomic 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 decent, the 2000 U.S. Census 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 non-white, largely due to immigration but also higher birth rates.

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 bio-terrorism 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 the melting pot to a more individualistic society where the interactions of culture, language, religion and health practices are being experienced by an unprepared and unaccepting public.

Biases, prejudices, stereotypes and disparities in socio-economic status, power, and access to health care have been part of the social fabric of the United States for a long time. The Institute of Medicine’s Unequal Treatment (2003) was confirmation of deep and persistent racial and ethnic health disparities. Data continues 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), minority groups, as well as poor and less educated patients, are more likely to experience difficulties with communication, patient-provider relationships, and difficulty in accessing health care information. Approximately 90 million adults with limited health literacy cannot fully benefit from what the health care system has to offer.
All the while, the leaders in many U.S. organizations, including those in health care, have not shown 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. Therefore, the potential for clashes in belief systems is great.

Professions in and of themselves are cultures. There continue 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% of the U.S. population, they account for only 6% of practicing physicians and less than 14% of registered nurses. Estimates from the 2000 Sample Survey of Registered Nurses (HRSA, 2001) indicate that approximately 86.6% of registered nurses are non-Hispanic white, 4.9% are non-Hispanic African American, 3.5% are Asian; 2% are Hispanic; 0.5% are American Indian or Alaskan Native, 0.2% are Native Hawaiian or Pacific Islanders, and 1.2% are of two or more racial backgrounds. Racial concordance of patient and provider is associated with greater participation in care, higher patient satisfaction and greater adherence to treatment.

Diversity and culture are not the same, though each term is 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 systems and assumptions. Individuals who have encounters in U.S. health care systems, whether 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, the premier organization and voice for nursing leadership, is committed to advocate for and achieve 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 as a profession is dependent upon reflecting the diversity of the communities we serve. AONE moves forward with an active sensitivity toward and promotes 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:

1. Diversity is more than a compliance issue. It is an issue of stewardship of human resources.
2. The effects of culture on behavior can be and often are significant, but culture does not predict behavior.
3. Difference is not a problem but an opportunity to learn and grow.
4. The consideration of both visible and non-visible components of multiculturalism is a necessary cognitive process in all human encounters.
5. Assaults on anyone’s self esteem are not acceptable under any circumstances.
6. Environments where assumptions are great are risk averse and not transformational for the communities they serve.
7. Relationships are the true currency of organizations, and diversity, when valued, is treated as a strength, which can increase work productivity and minimize time-consuming disruptions.
8. The need to address educational pipeline issues is an urgent matter if we are to have an adequate workforce for the future.
9. Cross-generational, cross-gender, and cross-racial mentoring are actions that foster generational equity.
10. Racism and its companions – biases, stereotypes and prejudices – need to be understood.
11. Incorporating health literacy into the curricula and areas of participant competence by professional schools and professional continuing education programs in nursing and other health related programs are appropriate and noteworthy.
12. The acknowledgement and consideration by schools of nursing in their admissions policies of 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 is desirable and educationally responsible.

Rationale:

AONE supports a cognitive approach to the realities of diversity. The concept of cultural relativism requires that we do not judge, but consider the actions, beliefs, or traits within the individual’s own cultural contexts in order to better understand them. It involves maintaining a sense of objectivity and an appreciation for the values of other cultures, and not judging whether they are “good” or “bad” by external standards. (Loustaunau & Sobo,1997). Such an approach embraces understanding and respects differences, coupled with the acknowledgement that the constancy of change in our world will bring not only individual variations within cultures but changes in a culture over time. We recognize that perceptions regarding health and illness, patterns of communication, approaches to work, decision-making, leadership styles, and team-building are inherently influenced by an individual’s culture.

References:


The American College of Healthcare Executives ([http://www.ache.org](http://www.ache.org)). Studies regarding leadership in healthcare and articles are available.

The American Hospital Association ([http://www.aha.org](http://www.aha.org)). Click on The Institute for Diversity in Health Management.


CLAS standards website: [www.omhrc.gov/CLAS/frclas2.htm](http://www.omhrc.gov/CLAS/frclas2.htm)


DiversityRx ([http://www.DiversityRx.org/HTML/ESLANG.htm](http://www.DiversityRx.org/HTML/ESLANG.htm)). Includes an introduction to diversity issues, links to other sites, lists of culture-bound syndromes, and theoretical articles.


Online Hispanic Health Resources (click on Hispanic Health) ([http://www.library.uthscsa.edu/clin/resources/index.cfm](http://www.library.uthscsa.edu/clin/resources/index.cfm)). An array of resources related to health issues for Hispanic and Latino groups.


Swanson, J. Diversity: Creating an Environment of Inclusion, NAQ, 28: (3) 207-211.


Thompson, P.A. Leadership From an International Perspective, NAQ (2004), 28: (3) 191-198.


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