

# AONE GUIDING PRINCIPLES

## FOR DIVERSITY IN HEALTH CARE ORGANIZATIONS

### 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 and strategic direction of AONE recognize that the success of nursing leadership is dependent on reflecting the diversity of the communities nurses serve. AONE advocates 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/diversity on behavior can be and often are significant, but culture/diversity does not predict behavior.
- Difference is not a problem; it is an opportunity to learn and grow.
- The consideration of both visible and non-visible components of multi-culturalism is a necessary cognitive process in all human encounters.
- Assaults on anyone's self-esteem, sexual preference or individuality are not acceptable under any circumstances.
- Incorrect assumptions about diversity result in an environment which is risk adverse and non-transformational.
- Relationships are the true currency of organizations. Diversity, when valued and treated as strength, can

increase work productivity, minimize time-consuming disruptions and increase creative approaches to challenges.

- 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 its undesirable effects prevented.
- Ageism and its companions—intergenerational biases, stereotypes and prejudices—must be understood and its undesirable effects prevented.
- It is appropriate and noteworthy to incorporate health literacy (CLAS Standards) into 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 important that organizations align their workforce with that of the larger population within the community to ensure a culturally diverse workforce.
- 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

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.

**Guiding Principle #1 – Health care organizations will strive to develop internal and external resources that support patient-centered care and 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 care, safety and quality.

- Develop processes and policies to ensure that non-English speaking and limited English proficiency patients will be assured access to interpretive services and written translated patient education materials and documents, employing a variety of education methodologies.
- 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.
- Educate staff members on the importance of understanding the diversity of the patient population served and provision of culturally competent care including collaboration with individual patients on the planning, implementation and evaluation of health care goals, provisions and outcomes.
- Support staff members in obtaining training and education in health care interpretation in culturally appropriate aspects of care.

**Guiding Principle #2 – 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 non-biased and sensitive manner.
- Facilitate the creation of a work environment that is conducive to open communication, acceptant of differences, and flexible in maximizing the use of an increasingly diverse and aging workforce.
- Lead staff members without stereotypes or assumptions and with sensitivity to their gender/sexual orientation, race/ethnicity, age, knowledge, skills, cultural backgrounds, values and beliefs.
- Establish metrics to monitor targeted diversity benchmarks.

**Guiding Principle #3 – Health care organizations will partner with universities, schools of nursing, and other organizations that educate 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, gender and age 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, and collaborates with faculty to assure students have clinical experiences that provide opportunities to assess diverse patients, experience diverse cultural norms and health care practices, and design and implement culturally competent, linguistically appropriate, patient-centered care that is equitable and responsive to diverse patient populations.

**Guiding Principle #4 – 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 (HIT) 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.

## References

- Alexander, R. (2004, August). Dear white boss. *Nurse Leader*, 26-27.
- Alexander, R. (2002, October). A mind for multicultural management. *Nursing Management*, 30-33.
- Benavente, V.G. (2004, December). Cultural and linguistic competency assessment. *Nurse Leader*, Vol. 2 (6): 24-30.
- Berg, J., Rodrigues, D., Guzman, C. Demographic survey of Filipino American nurses. *Nursing Administration Quarterly*, Vol. 28 (3):199-206.
- Burnes Bolton, L., (ed). (2004). Cultural diversity in leadership. *Nursing Administration Quarterly*, Vol. 28 (3):165-211.
- Caver, K., Lewis, A. (2002). Dear white boss. *Harvard Business Review*, Product No. 2187.
- Evans, M. (2007, June). Bridging the gap between caregivers and staff. *Modern Healthcare*, 32-36.
- Georges, A. (2004). African American nurse leadership: pathways and opportunities. *Nursing Administration Quarterly*, Vol. 28 (3):170-172.
- Institute of Medicine (2003). *Unequal treatment: confronting racial and ethnic disparities in health care*. Smedley, B.D., Stith, A.Y., Nelson, A.R. (eds). Washington, DC: The National Academies Press.
- Keltner, B., Kelley, F., Smith, D. (2004). Leadership to reduce health disparities. *Nursing Administration Quarterly*, Vol. 28 (3):181-190.
- McIntosh, P. (1988). *White privilege and male privilege: a personal account of coming to see correspondences through work in women's studies*. Wellesley College, Center for Research on Women, Wellesley, MA.
- National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health-Community Resources "Tool Kit". (2002). [www.omhrc.gov](http://www.omhrc.gov).
- Provider's Guide to Quality and Culture*. <http://erc.msh.org>.
- Rollins Gantz, N. (2003, April). Developing a multiskilled culturally diverse work team using CAPPS™. *Nurse Leader*, 36-39.
- Rollins Gantz, N. (2003). Healthy work environments. *Best Practices*, Vol. 3, 15-16.
- Rollins Gantz, N. (2002, September). Leading and empowering the multicultural work team. *Seminars for Nurse Managers*, Vol. 10 (3):164-170.
- Rollins Gantz, N. (2004, November). *The nurse manager's responsibility for leading a culturally diverse workforce*. AMN Healthcare. [www.amnhealthcare.com](http://www.amnhealthcare.com)
- Sullivan Commission on Diversity in the Healthcare Workforce. (2004). *Missing Persons: Minorities in the Health Professions*. Washington, DC: Sullivan Commission.
- Swanson, J. Diversity: creating an environment of inclusion. *Nursing Administration Quarterly*, Vol. 28 (3): 207-211.
- Swanson, J., Washington, D., Swanson, R., Michaels, C. (2003). *Diversity: leading and creating an environment of inclusion*. Center for Nursing Leadership, Interactive CD.
- Thompson, P.A. (2004). Leadership from an international perspective. *Nursing Administration Quarterly*, Vol. 28 (3): 191-198.
- U.S. Department of Health and Human Services, Office of Minority Health (2001). *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*.
- Villarruel, A., Peragallo, N. (2004). Leadership development of Hispanic nurses. *Nursing Administration Quarterly*, Vol. 28 (3):173-180.
- Washington, D., Erickson, J., Ditomassi, M. (2004). Mentoring the minority nurse leader of tomorrow. *Nursing Administration Quarterly*, Vol. 28 (3): 165-169.
- Wilson-Stronks, A., Galvez, E. (2006, March). *Hospitals, language, and culture: a snapshot of the nation. Exploring cultural and linguistic services in our nation's hospitals*. A report of findings by the Joint Commission on Accreditation of Healthcare Organizations.