

The Honor Society of Nursing, Sigma Theta Tau International

Diversity Resource Paper

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Foreword

Building Diverse Relationships has been the theme of the 37th biennium of our society under the leadership of our president, Dr. May L. Wykle. Her passion for the theme is evident in her life, diverse relationships, professional accomplishments, and desire for all society members to have access to diversity-related resources. She was born in an era when diversity was not embraced, and she remembers her great-grandmother and godmother's stories of living as slaves. Influenced by her parents to remember "who you are" and to work twice as hard as others, she marched forward to reach her goals even in the face of discrimination and the exclusionary practices of the times. Becoming the first African-American to attend the Ruth Brant School of Nursing in Martins Ferry, Ohio, in an era when admission to nursing schools was denied to persons of color was the beginning of her nursing career (Morris & Hanson, 2002, p.1). What followed were numerous significant contributions to the profession of nursing that provide clear examples for building diverse relationships. She fosters professional and personal excellence and "reminds us that there is no finish line in the race for excellence" (Morris & Hanson, 2002, p.1).

Her diverse relationships are rooted in her profound belief that all human beings are entitled to respect and dignity in their journey through life. She lives out these beliefs in her relationships with students, mentees, and colleagues. Ever available to her friends who view her as a positive, generous, and energetic person, she willingly shares her wisdom (Morris & Hanson, 2002).

Throughout May's extraordinary career in nursing and with her many professional accomplishments, she continues to look for new ways to contribute to our nursing profession and create opportunities for all nurses. Noteworthy is her contribution to students from disadvantaged backgrounds by promoting their access to educational opportunities and mentorship. During this biennium, her nursing expertise coupled with a passion for addressing diversity issues directed the focus of our society toward issues of quality and cross-cultural health care for all persons worldwide.

May commissioned the writing of a Diversity Resource Paper to a group of faculty members at Clayton College & State University in Georgia who are currently working on two funded grants from the Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP), Division of Nursing (DN) to increase nursing workforce diversity. The purpose of the Diversity Resource Paper is to utilize *Community Through Diversity: A Diversity Statement for Sigma Theta Tau International* as a springboard from which to disseminate an additional resource for society members and all nurses who are pursuing the goal of building diverse relationships. The intent of this Resource Paper is to open the exchange of ideas, so essential when considering the concept of *diversity*, and to share some helpful ways for nurses to develop leadership and promote excellence in nursing practice, education, and research.

The concepts of *diversity*, *cultural diversity*, and *cultural competence* are intertwined and will be explored. Exemplars will then be put forth for building diverse relationships in nursing practice, education, and research that illuminate Sigma Theta Tau International's *Hallmarks of Diversity*. It is the consensus of the authors that the process of gaining cultural competence is essential in building diverse relationships that will leave a lasting legacy of diversity in nursing.

Introduction

Almost two decades ago, a significant event occurred that ushered in a transformation in our society that would dramatically change our direction and bring *diversity* to the forefront. In 1985, the House of Delegates voted to add *international* to Sigma Theta Tau's name making possible one action strategy, that of the development of an international network of nursing scholars in the Ten-Year Plan adopted by the 1981 House of Delegates. Three honor societies outside the United States were granted chapter charters in 1987, and the International Task Force (ITF) for the 1987-89 biennium was formed. The work of the ITF culminated in a paper identifying the need for scholars to engage in international nursing and to promote global health. In addition, the ITF concluded that our society at that time "was a fledgling in the international arena" and would require the development of the requisite "sensitivities and skills for successful international work" (STTI, 1999, p.4).

The work of the Global Diversity Task Force, convened by the 1997-99 biennium board of directors, furthered the society's attention toward *diversity*. Its goal was to identify barriers to global diversity that prevented our society from becoming truly global and to make recommendations regarding potential solutions. Barriers and recommendations related to values and incentives, culture and traditions, educational models and philosophy, language and communication, and economics were identified (STTI 1997-1999 Global Diversity Task Force, 1999). During the current biennium, this work was continued by the efforts of a new Diversity Task Force under May Wykle's Call to Action of *Building Diverse Relationships*.

An outcome of the new Diversity Task Force was the *Community Through Diversity: A Diversity Statement for Sigma Theta Tau International*. It states:

Appreciating the role diversity plays in creating community requires respect and responsibility. Diversity creates an opportunity to support a mosaic of cultural distinctiveness and nursing excellence through inclusivity, personal and professional development and the stimulation to think in different ways. Sigma Theta Tau International's vision is to create a global community of nurses who lead in using scholarship, knowledge and technology to improve the health of the world's people.

Creating and sustaining a leadership community of nurses requires appreciation, active engagement and respect for the complexity and richness that exists in local and global contexts. Diversity is a means to provide different perspectives in support of the society's vision, mission and goals, to foster creativity, build community and promote excellence in nursing practice, education and research.

The concepts of *diversity*, *cultural diversity*, and *cultural competence* are intertwined and will be explored. Exemplars will then be put forth for building diverse relationships in nursing practice, education, and research that illuminate Sigma Theta Tau International's *Hallmarks of Diversity*.

Diversity

The concept *diversity* conjures up many different mental images such as differences in race, age, ethnicity, religion, and gender, yet *diversity* is used in the public arena as if there was only one definition and all knew the meaning of the word. Wood (2003) suggests that the term *diversity* has become a current concept with meanings that differ from the original use of the word. He contends that *diversity* has become among other things, political. The term *diversity* can be artificial at times and is actually used differently in such contexts as categorization, representation, ideology, and social scientific bumbling.

When used in categorization, the meaning of *diversity* becomes open-ended and ambiguous, such as "our institution needs more diversity." Does the institution need more African-Americans, Latinos, Asians, women, gays, lesbians, or disabled people? In this instance the term *diversity* can refer just to African-Americans but rarely would it refer to other groups without a modifier such as "gender diversity." In the context of representation, the term is used to depict images of particular social groups, and many define those groups by race, gender, age, or socioeconomic status. When used in the context of ideology, the term *diversity* does not refer to real people but rather to a set of beliefs for the purpose of changing people's attitudes. When an event happens and people's thoughts need to be changed, diversity training or sensitivity training can be used to affirm a different set of beliefs or justify the attempt to change a stereotype. Although the diversity movement has roots in the social sciences, social scientists have yet to agree on one definition of *diversity*. In viewing social order, the term *diversity* was used to communicate information on the variation of race, sex, religion, and national origin (RSRNO). Nurses can be aware of the ways the term diversity is used in society today and look upon Wood's work as a challenge to be careful how diversity is used within our profession.

Diversity statements are increasing among organizations, universities, and professional organizations and relate to recruiting diverse students and faculty (Association of American Colleges and Universities & University of Maryland, 2001); having diversity in viewpoints, belief systems, and demographic make-up of staff, membership, and leadership (NACCHO, 2001); achieving access to health professions training programs by diverse populations (HRSA, 2000); and "...considering socioeconomic class, gender, age, religious belief, sexual orientation, and physical disabilities, as well as race and ethnicity" (AACU & UM, 2001, p. 1). In contrast, the International Council of Nurses (ICN) does not have a diversity statement but rather has embedded *diversity* in its policy and practice. One example comes from the ICN Code of Ethics for Nurses, "Nursing care is unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, nationality, politics, race or social status" (ICN 2000, p.1 as cited in Ghebrehiwet, 2003). Also, ICN's Vision Statement refers to diversity: "United within the ICN, the nurses of all nations speak with one voice. We speak as advocates for all those we serve, and for all the unserved, insisting that prevention, care and cure be the right of every human being" refers to diversity (Ghebrehiwet, 2003, p. 1).

The most obvious visual image of *diversity* that creates unity, and often overlooked, is the mysterious and beautiful way the members of the human body work as one. We pay attention to the

ailing part and care for it, for when one member suffers the whole body suffers. Likewise, when one member is honored the whole body is honored (Thomas Nelson Publishers, 1984). Sigma Theta Tau International is one body with diverse members and can be adversely affected when individual members, chapters, and staff are not carrying out their purpose. Diverse members of STTI created a definition of diversity as a guide to form an effective body to take up the challenges in nursing and global health care.

Members of the Sigma Theta Tau International Diversity Task Force discussed many definitions of diversity. The following essence of diversity was defined and described by Jeff McCollum (1996), who is with the Greenleaf Center for Servant Leadership. He writes:

Diversity, it seems, is ultimately about creating organizations and institutions that allow our souls to breath and the human spirit to flourish. It is about making connections between people and creating what theologian Martin Buber describes as the "I-thou" relationship. Diversity is a fact. The issue for servant-leaders becomes what kind of organization and society we want to create—one based on inclusion or one which generates factionalism. In that sense diversity is a call to action. Action requires moral courage to look around us, tell the truth about what we see, and do something about it (p. 3).

Diversity as a call to action implies the need for a knowledge base to implement our broad definition into practice, education, and research. Closely related to the concept of relational *diversity* is the concept of *cultural diversity* that lends itself to the profession of nursing. The very nature of nursing encompasses the need to be aware of *cultural diversity*.

Cultural Diversity

The increase in global populations and the recent increased immigration to both the United States and Canada lead to increased cultural diversity within the borders of those countries and have implications for changing cultural diversity (Andrews & Boyle, 2003; Purnell & Paulanka, 2003). Defining the word *culture* can be a challenge for nurses because of the many uses and applications of the word and its complexity. Consider the following two definitions of culture: "that complex and whole which includes knowledge, belief, art, morals, law, custom, any other capabilities and habits acquired by man as a member of society" (Tylor, 1871, p. 1) and "the totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, lifeways, and all other products of human work and thought characteristics of a population of people that guide their worldview and decision making" (Purnell & Paulanka, 2003, p. 3). Using either of these definitions may make the task of understanding cultural diversity difficult; however, Campinha-Bacote (2003b) brought insight to the problem of defining culture when she stated, "Cultural values give an individual a sense of direction as well as meaning to life. These values are held on an unconscious level" (p. 2). She also contends that addressing cultural diversity goes beyond knowing the values, beliefs, practices, and customs of diverse groups. Other faces of cultural diversity include "religious affiliations, language, physical

size, gender, sexual orientation, age, disability (both physical and mental), political orientation, socio-economic status, occupational status and geographical location" (p. 1).

In contrast, another author suggests that cultural diversity can be ethnocentric when individuals view others as "different" rather than viewing themselves as "different." The dominant culture in a society can be viewed as the norm to measure other cultures (Talabere, 1996). Instead of being measured against a norm, a more useful view of cultural diversity would be to give value to each culture for its own unique characteristics and contribution to the society at large.

Another crucial aspect of cultural diversity is the consideration of intra-ethnic differences (Campinha-Bacote, 2003b; Marquand, 2001). Variation occurs within each cultural group, but there is a tendency to assume that all members of an identified group are the same. Campinha-Bacote (2003b) believes "there is more variation within cultural groups than across cultural groups" and "no individual is a stereotype of one's culture of origin, but rather a unique blend of the diversity found within each culture, a unique accumulation of life experiences, and the process of acculturation to other cultures" (p. 7). To provide optimal, global health care, a consideration of cultural diversity—and perhaps more important, intra-ethnic diversity—is essential. In order to achieve success when working with culturally diverse groups, it is imperative that nurses explore the concept of *cultural competence*.

Cultural Competence

The concepts *diversity* and *cultural diversity* provide the framework for considering *cultural competence*, a necessary skill when building diverse relationships. Much of the nursing literature emphasizes the number of ethnically diverse people seeking health care in the United States. Therefore, the concern has been focused on nurses becoming culturally competent so they can provide appropriate nursing care to a growing culturally/ethnically diverse patient population. According to Campinha-Bacote (1995), this process of becoming culturally competent occurs in stages as persons travel through the levels of ability from novice to competent. Competence is a process requiring continuous update and exploration (Campinha-Bacote, 2003b; Purnell & Paulanka, 1998). Responsible, competent nurses choose to examine effective and culturally relevant methods of applying the nursing process with persons from diverse cultures. For example, nurses should be able to recognize differences in how culturally and ethnically diverse patients respond to pharmacological and general medical treatment as well as being able to assess patients in a culturally appropriate way (Andrews & Boyle, 2003; Davidhizar & Giger, 1998; Leininger, 1995).

Clinton (1982) offers another view of cultural competence. Her perspective of cultural competence means that nurses provide care free of stereotypes or assumptions. Clinton urges nurses to respect the *intracultural diversity* of all people. Consider that "White Americans" are not an entirely homogenous group, displaying differences in ethnicity, heritages, and religions that shape their health beliefs and behavior.

In October 1991, the American Nurses Association (ANA) Council on Cultural Diversity in

Nursing Practice, Congress of Nursing Practice (adopted by ANA Board of Directors) wrote a position statement titled, *Cultural Diversity in Nursing Practice*. This position statement described the definition of cultural diversity in nursing practice, administration, research, and education. The council explained the importance of cultural diversity knowledge at all levels of nursing practice and that ethnocentric nursing interventions are ineffective. Knowledge of cultural diversity and cultural competency skills strengthen and broaden health care delivery, making necessary the concept of culture as a foundation for how nursing is practiced and defined.

In accordance with the ANA Council on Cultural Diversity, the American Academy of Nursing Expert Panel on Culturally Competent Nursing Care (Meleis, 1992) defined cultural competence as: care that is sensitive to issues related to culture, race, gender, and sexual orientation. This care is provided by nurses who use cross-cultural nursing theory, models, and research principles in identifying health care needs and in providing and evaluating the care provided. It is also care that is provided within the cultural context of the clients (p. 278).

Following the recommendations by the ANA and the AAN Expert Panel on Culturally Competent Nursing Care, Bernal (1996) further developed the concept of cultural competence by determining that the goal of cultural competence was health care delivery with knowledge, sensitivity, skill, and flexibility to cultural behaviors that may impact that person's health or illness. Similarly, Campinha-Bacote (1994) formulated a culturally competent model of care that included cultural awareness, cultural knowledge, cultural skill, and cultural encounter through exposure and practice. She updated her model by adding the important concept of cultural desire "defined as the motivation of the healthcare professional to "'want to' engage in the process of becoming culturally competent; not the 'have to'" (Campinha-Bacote, 2003a, p. 15). Thus, cultural competence is the ability to intervene on behalf of the client in a flexible, empathetic, and effective way.

Finally, Smith (1998) provided a concept analysis of cultural competence and eventually defined cultural competence as:

[the] continuous process of cultural awareness, knowledge, skill, interaction, and sensitivity among caregivers and the services they provide. Principles of theory, research, and practice guide nurses as they identify health care needs of clients, provide care, and evaluate care with quantitative and qualitative measures. Cultural competence requires the continuous seeking of skills, practices, and attitudes that enable nurses to transform interventions into positive health outcomes such as improved client morbidity and mortality, and client and professional levels of satisfaction (p. 9).

Her working definition suggests that cultural competence is a necessary component for building diverse relationships in practice, education, and research.

Building Diverse Relationships in Practice

Nursing practice, the heart of nursing, is a critical place to build diverse relationships for the purpose of providing global, optimal health care for all. Building diverse relationships is of utmost

importance in light of the existing global nurse and midwife shortages (Brundtland, 2002 as cited in Carty, 2003). Exemplars related to race, ethnic groups, and gender aspects of diversity are used to augment nurses in building diverse relationships.

Nurses are challenged to view their clients from a variety of perspectives because of diverse global populations (Purnell & Paulanka, 2003). This challenge calls for culturally competent nurses who can recognize and anticipate unexpected client responses to traditional methods and respond appropriately.

Essential to the creation of culturally competent nursing is recognizing that racial disparity exists between practicing nurses and their clients. Currently the majority of practicing nurses in the United States are Caucasian while the majority of the client population is not (Division of Nursing, March, 2000). Another aspect of racial and ethnic disparity is the impact it has on African-Americans' overall access to health and utilization of health care services (Watts, 2003). Watts makes an excellent case for the health disparities among minority groups such as African-Americans. In turn, she purports that bridging the nurse-patient racial/cultural gap will be a challenge. One of the first steps toward these efforts is including race consciousness in practice. She defines race consciousness as:

an appreciation of the complex historical journey of these persons; knowledge of disparities in health which may facilitate or inhibit optimal levels of care for these individuals and their families; and the self-appraisal of one's attitudes, feelings, beliefs, and biases toward African-American and/or persons of color (pp. 9-10)

In addition to a definition, she puts forth some practical guidelines to begin the process of incorporating race consciousness as a component of cultural competence. Professional development activities include (a) conducting a self-appraisal of racial and ethnic heritage, (b) launching a Culture Interest Group with a focus on African-American health concerns, (c) participating in continuing education and professional development programs to increase one's knowledge about minority health issues with specific emphasis on the African-American, and (d) developing a philosophy of lifelong learning.

In contrast to Watts, Campinha-Bacote (2003b) offers another perspective from her model to assure culturally responsive nursing services. She suggests that nurses use the mnemonic, "ASKED" that has questions to determine cultural desire, awareness, knowledge, skill, and encounters to help implement her model.

Awareness: Am I aware of my personal biases and prejudices toward cultural groups different than mine? **S**kill: Do I have the skill to conduct a cultural assessment and perform a culturally based physical assessment in a sensitive manner? **K**nowledge: Do I have knowledge of the patient's worldview and the field of biocultural ecology? **E**ncounters: How many face-to-face encounters have I had with patients from diverse cultural backgrounds? **D**esire: What is my genuine desire to "want to be" culturally competent? (pp. 8-9).

Diverse relationships in nursing practice can be successfully built by nurses who incorporate the ideas put forth by Campinha-Bacote and Watts into their practice.

Racial issues exist in many clinical practice settings when nurses of different races view

clinical situations and events differently. Nurses have reported feelings of helplessness in effecting change and discomfort when working with those who were not their own race (Lowenstein & Glanville, 1991). Similar findings were reported among public health nurses who dealt with multiple minority issues and concerns in public health settings (Smith, McAllister, & Crawford, 2001). The findings from these studies support the need to address racial concerns in the practice arena, and mentoring was a strategy used among public health nurses. Mentoring that encourages openness, sensitivity, and attention to differences can be a positive conduit for change in the practice setting. One of the greatest gifts one nurse can give another nurse is time in a mentoring relationship.

No discussion related to diversity in nursing is complete without attention to gender. The number of men in nursing has been appallingly small; approximately 5.4% to 7.4% of practicing nurses are male (Ruiz, 2001). In the past, male nurses have struggled with negative stereotypes in the media, and their competence, intelligence, and sexual identity have been called into question for becoming nurses (Porter-O'Grady, 1998; Ruiz, 2001). Male leadership in nursing can be an issue among some female nurses, and yet the number of males is so small that the potential of compromising leadership opportunities for women is unfounded. A diverse workforce in nursing is essential to meet the changes in the health care system. The election of the first male president of Sigma Theta Tau International is a milestone that has potential of actually increasing the visibility of the profession, advancing opportunities for men, and advancing the agenda for equity in nursing (Porter-O'Grady, 1998). Continued relationship-building aimed at increasing the number of men in nursing by showcasing nursing as a viable and challenging career for males will add to the diversity and health of the nursing profession.

Nurses also can build relationships with corporate entities resulting in a positive impact for our profession. The Johnson & Johnson Corporation is making an exhaustive effort to showcase nurses in their practice arenas as a means to increase the number of young people who are interested in nursing. To meet the challenge of the critical nursing shortage in the U.S., a relationship was built between Johnson & Johnson, a leading provider of health care products and services, and national nursing organizations such as the National Black Nurses Association, the National Association of Hispanic Nurses, and the National Alaska Native American Indian Nurses Association. One outcome of this relationship is extensive, high-profile advertising on television depicting testimonials of real-life nurses who are female, male, Asian, Hispanic, African-American, and Caucasian to attract diverse groups to nursing (Minority Nurse, 2002). When the nursing workforce mirrors the diversity of the population, then gender, age, and ethnicity will become increasingly evident.

Building Diverse Relationships in Education

An exemplar of building diverse relationships in education is evident in its impact on student learning and success in nursing programs. The National Advisory Council on Nurse Education and Practice (1999) indicates that a culturally diverse nursing workforce is essential to meet the health care needs of the nation's population. Minority nurses are both significant contributors to health care services in this country and leaders in the development of models of care that address the unique

needs of minority populations (Rosseter, 2002).

With these facts in mind, nurse educators have the opportunity to greatly enhance the recruitment and retention of ethnically diverse students in nursing using a variety of methods. Central to the development of these methods is the culturally diverse student. Nurse educators must focus not only on the students currently enrolled in their nursing programs, but also potential students of pre-nursing status as well as those students not yet ready for college, including students in high school and middle school.

Addressing the needs of these student groups challenges nurse educators to develop strategies to assist culturally diverse students in being successful, regardless of their educational level. In facing these opportunities, schools of nursing may rely on AACN's *Effective Strategies for Increasing Diversity in Nursing Programs* (2001). This document highlights numerous successful campaigns undertaken by nursing schools to increase diversity in their nursing programs. The report presents examples of effective strategies in seven key areas:

- Presenting an inclusive image
- Reaching out to diverse student populations
- Making connections at the middle/high school level
- Supporting students through the application process
- Mentoring as the key to retention
- Facilitating student success
- Launching a coordinated outreach campaign

The Department of Nursing at Clayton College & State University is embracing AACN's effective strategies to increase ethnic diversity in its nursing school. Although this nursing school is unique in that the institution itself boasts the highest enrollment of ethnic minority students in a non-historical Black college or university in the state of Georgia, the major issue for the currently enrolled students is that of retention. In identifying reasons for the high attrition rate of our culturally diverse students, the faculty members were led to broaden their view of what constitutes *diversity*. We consider students' diversity within a wide range of parameters including race/ethnicity, age, gender, family background, economic situation, and general life circumstances and experiences. Once we expanded our definition of the culturally diverse student, we were then able to embark on a journey to develop ways to increase the retention of our students.

One of AACN's seven guiding principles is *facilitating student success*. The first step in the journey was to develop a deeper understanding of our students. Through cultural competence training, faculty were able to identify their own level of competence. This cultural awareness led to extensive curriculum revision to incorporate ways to care for culturally diverse client populations as well as the establishment of a formal mentoring program (another AACN guiding principle) for those students identified as having academic difficulty. The mentoring process involves students meeting weekly with a designated faculty mentor. The program is individualized and based on students' particular circumstances.

One key aspect to understanding our students and developing strategies to promote their academic success is to include them in the process. Research describing the experiences of international students in the CCSU nursing program was conducted, and the findings revealed that these students reported they were concerned with "social fit," felt uncomfortable speaking out during class because of their heavy accents, and generally felt unaccepted by their peers. All of the participants stated that regardless of the obstacles, they would persist in the nursing program supporting a major theme of the findings-persistence despite perceived obstacles. Recognizing their persistence, faculty embraced these students and began working closely with them to facilitate their success in the program. Another similar study is underway in the department of nursing to examine the effect English as a Second Language (ESL) has on student success.

The nursing department also has reached out to pre-nursing students by offering informational sessions about the nursing program, requirements to enter the nursing program, and how to apply to the nursing program. During these sessions, potential students have the opportunity to meet the nursing faculty and members of the Student Nurse's Association (SNA). Pre-nursing students are encouraged to join the SNA and become involved in the organization even before entering the nursing program. The current SNA president, who is African-American, has served as an effective role model for the culturally diverse students. She and other SNA officers attended the National Student Nurses' Association (NSNA) 50th Anniversary Convention Celebration, *Embracing the Past, Envisioning the Future*, in Philadelphia. The convention celebrated NSNA's role in embracing equal opportunity and cultural diversity in nursing throughout its history (Chweddyk, 2002b). The NSNA is playing a key role in assisting our students to appreciate the diversity present in their own nursing school. A legacy of appreciation and understanding of students from many cultures is being established within our department of nursing. Developing these skills early in the program will serve to enhance students' awareness of cultural diversity as they enter the practice arena following graduation.

Through the work of the nursing faculty at CCSU, it is evident that this department of nursing has fully embraced AACN's *Effective Strategies for Increasing Diversity in Nursing Programs*. We have sought to expand the concept of diversity by recognizing that student diversity is based on more than just racial and ethnic parameters. Stemming from this expanded view of diversity, faculty members have offered assistance to our currently enrolled students by providing individualized academic assistance plans. We also have been able to reach pre-nursing students as well as those students not quite ready for college. In the process, we have learned that a multi-disciplinary approach is essential to recruiting and retaining culturally diverse students in the nursing program. Diverse relationships can be developed that will address the issues of recruitment and retention, thereby ensuring the safe and effective delivery of nursing care to culturally diverse clients seeking health care.

Building Diverse Relationships in Research

The research arena is a natural setting for building diverse relationships as investigators come together to explore aspects of diversity. There is a paucity of research related to diversity in nursing; therefore, there is an urgent need to provide empirical evidence related to diversity issues. Exemplars will be used that illuminate researchers' work in the areas of disparities in health and health care, ethnic differences, and age.

Disparities in health and health care are a troubling issue for the nursing profession, and even though strides have been made addressing this issue, ethnic and racial disparities still exist worldwide. Baldwin (2003) suggests solutions to health care disparities are possible through research. She offers a two-fold approach of research with research questions addressing minority health and assessment of improvements in the care of minority clients. Evidence-based nursing practice directed at how to effectively manage and treat diseases related to ethnic and racial minorities is imperative in overcoming current disparities in health care. In addition, more studies that listen to the voices of minority clients related to effective health interventions are needed to improve the quality of health care rendered to minority populations.

Much research has been directed toward diversity in the elderly and was evidenced in the research papers related to Chinese, Hispanic, Korean, and cognitively impaired minority elderly presented at the Sigma Theta Tau International 14th International Nursing Research Congress in St. Thomas, Virgin Islands. Family care for hospitalized elders with cancer in the Chinese culture was studied in order to develop a conceptual framework to guide nursing practice in this population in Beijing. Findings from this study suggested that a perspective of family caregivers as partners with the health care team is needed, and health care providers will be able to work together with families when the patterns of family care actions are known (Li, Lu, Yue, Hui, Zhang, Huang, & Zhang, 2003).

Building diverse relationships with a public health center, the eub (comparable to villages in the U.S.) office, and 13 community organizations enabled a research team to study a population of Korean elderly living alone in 32 rural communities in Korea. Their intervention study was designed to determine the effect of community capacity building on the health of the elderly. The intervention of an integrated health and social welfare services for the elderly was shown as an effective way to improve the health of the elderly living alone in a rural Korean community (Ahn & Kim, 2003).

Two other research presentations at the congress focused on elderly populations in the U.S. A needs assessment of Hispanic and non-Hispanic Whites living on the U.S.-Mexican border was conducted to improve overall health care in the populations. The other research focused on the establishment of reliability and validity of selected pain intensity scales that can be used in practice to determine pain in cognitively intact and cognitively impaired minority elderly in Georgia (Cummins & Zunker, 2003; Taylor, Epps, & Herr, 2003). These studies demonstrate the diversity of research among the elderly as well as the diverse needs of the elderly. Also, research

conferences provide the platform for building diverse relationships that can lead to needed replication of nursing studies providing more evidence-based nursing practice.

Conclusions

Diversity, cultural diversity, and cultural competence provide the framework for building diverse relationships in nursing practice, education, and research. During this biennium, our society has identified hallmarks of diversity to provide evidence of societal commitment to build community through diversity. The principles and practices denoting the hallmarks of diversity were evident in the preceding exemplars of building diverse relationships in nursing practice, education, and research and can be utilized at all levels of our society from chapters to International Board of Directors to further build diverse relationships.

Key principles and practices that provide evidence of our societal commitment to build diverse relationships include ongoing dialogue and learning in the area of the richness of diversity; valuing the organizations' definition, policies, and procedures related to diversity; moving toward achieving the society's vision of a global community of nursing leaders; encouraging chapters and members to find ways to enhance diversity; and developing and promoting educational programs that inform and educate members on issues of diversity, cultural competence, and community building. The society's achievements in building diverse relationships provide the springboard for future endeavors that will allow our souls to breathe and the human spirit to flourish. We can effectively make connections between people and become servant-leaders creating an organization that is based on inclusion.

Future Diversity in Sigma Theta Tau International Honor Society of Nursing

Our society is well positioned to provide support for members to continue the pursuit of developing diverse relationships in the future, which in turn will increase the cadre of culturally competent nursing leaders in our profession. As leaders embrace the process of becoming culturally competent, the mission and goals of our society will be both strengthened and expanded and the possibility of global health care for all becomes more attainable. The increase in the number of International chapters will bring a new diversity of ideas, continuing to shape our society to best meet the needs of the membership and international staff, and to provide health care to people worldwide.

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