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*Original Research Article*

# Know What Battle to Fight and How to Fight It: Navigating the Cultural Terrain of Healthcare

Josephine Etowa

Professor, Loyer DaSilva Research Chair in Public Health Nursing,
School of Nursing, Faculty of Health Sciences,
University of Ottawa, Ottawa, Ontario, Canada.

Corresponding Author: Josephine Etowa

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## ABSTRACT

**Background:** Globalization calls for a diverse health professionals' workforce to provide effective health care. The growing interest in issues of diversity, social inclusion, and racism within the nursing profession holds promise for healthcare. Sustained efforts to promote diversity should include examining the work life experiences of minority nurses already working in the system and creating a healthy work environment for all nurses irrespective of their ethno-cultural backgrounds.
**Purpose:** The paper presents the findings of a qualitative study that examined the work life of visible minority with a particular focus on their professional relationships with patients and the organizational culture in which they worked.
**Methodology:** Qualitative study using grounded theory involving in-depth interviews of twelve Registered Nurses (RN). Snowball technique and theoretical sampling directed recruitment to enhance maximum variation. Constant comparative method was used for data analysis.
**Results:** Four thematic areas reflecting visible minority nurses' relationship with their patients in health care settings were identified. These are 1). Proving one self and establishing credibility, 2). Building nurse-patient trust, 3) Overcoming resistance and persevering, and 4) Knowing 'what battle to fight and how to fight it'.
**Discussion and Implications**: The conditions that influence the work life experience of visible minority nurses include differential treatment, an organizational culture that exposes difference, and racial discrimination. The paper discusses the impact that negotiating difference and responding to differential treatment has on visible minority nurses.
**Conclusion:** It concludes with recommendations for policy that would restructure healthcare workplaces in order to better support relationship building and forestall the constant need to negotiate difference.

***Keywords:*** Diversity, Racism, Minority Nurses, Healthcare, Social inclusion.

## INTRODUCTION

The demographic diversity of contemporary Canadian society calls for increasing ethno-cultural diversity in the healthcare workforce. In response to this call there is growing interest in issues of social inclusion within the healthcare system and within the nursing profession in particular. [(1-3)] Policies and programs to promote diversity within the profession through recruitment and retention programs directed toward minority group populations are being developed. [(4,5)] The growing appreciation of the importance of workplace diversity and social inclusion, as well as concern for the specific experiences of visible minority healthcare professionals, hold promise for both the practice of

healthcare and the well-being of minority healthcare providers.

Canada's population is as diverse as any in the world. In the 2011 census, Canadians reported over 200 different ethno-cultural origins. 19% of Canada's population (1 in 5 people) identify themselves as "a member of a visible minority group." [(6)] Differences in race, ethnicity, language and culture affect the professional experiences of healthcare providers especially those from minority ethno-cultural groups so efforts to "diversify" the Canadian nursing workforce must include an examination of the work life experiences of minority nurses already working in the system. Inclusion will also require a concerted effort to facilitate mutual adaptation to diverse practices and expectations.

The data presented in this paper reflect the particular context of a city in Eastern Canada. According to census data, [(6)] 47,270 Nova Scotians identified themselves as members of visible minority populations and more than 9,900 Nova Scotians identified their mother tongue as a language other than English or French. [(7)] Halifax municipality, the study setting, is home to the highest concentration of visible minority people in Atlantic Canada; an estimated 7.5% of its population. Half of the visible minority population in Halifax are Black, 9 in 10 of them are Canadian-born. [(8)] The history and presence of this unique population undoubtedly affects the experience of other visible minority groups in Halifax, making both non-indigenous Blacks, and non-Black "others" into minorities within a minority.

**Purpose**

This paper reports on the work-life experiences of these non-Black-visible - minority [1] others with a particular focus on their relationship with patients. This paper presents the findings of a grounded theory study that investigated the work life experiences of visible minority nurses in Atlantic Canada. Place-specific studies of this kind are important because they create context-specific data about the experiences of visible minority nurses and facilitate the comparison of minority group experiences across Canada. Intra-national comparisons are particularly valuable in the Canadian context given that Canadian healthcare administration is a provincial rather than a federal government concern.

## METHODOLOGY

Grounded Theory method was particularly appropriate to this research process for a number of reasons both methodological and epistemological. Grounded theory (GT) is based on a discovery model of theory development designed to explain human phenomena in the natural and social world. [(9)] Grounded theory allows the definitions and descriptions of study participants to speak for themselves, privileging them as best able to accurately render their world. [(10)] In this approach codes and patterns are first organized into categories and then conceptualized into theory using constant comparative analysis. The researcher is able to uncover the nature of peoples' actions, experiences and perspectives in areas where little prior knowledge exists. [(11)]

In-depth individual interviews with twelve visible minority Registered Nurses (RN) were the primary source of data collection. The twelve nurses were recruited through snowball sampling. The interviews were transcribed verbatim, coded, and analyzed concurrently with data collection. Theoretical sampling guided recruitment and data collection while the constant

[1]For the purpose of this study, visible minority nurses means nurses belonging to one of the groups identified as visible minority populations by statistics Canada. These include South Asian, Chinese, Korean, Japanese, South East Asian, Filipino, Arab, West Asian, and Latin Americaninter *alia* (Stats Canada, 2001). White, Black and Aboriginal nurses are excluded from this study because they have been considered elsewhere in this series off our qualitative research studies examining the work life experiences of nurses from different social locations.

comparative method guided the data analysis. Second interview were conducted to clarify points and to do member-checking as a measure of establishing credibility of the data.

## RESULTS

### Relationships with Patients

This paper focuses on the theme of visible minority nurses' relationships with patients in health care settings. It interrogates the nature of minority nurses' relationships with patients and the organizational culture that is the backdrop to these work-life relationships. The climate of healthcare, like other workplaces, is determined by tasks, colleagues, and management. Given the nature of nurses' work, i.e. the intimate care of the vulnerable, they rely on the existence of a positive work environment to facilitate effective patient care. The support of managers and co-workers is essential to the individual nurse's capacity to care for patients.

Study participants spoke in detail about their relationships with patients and about their experiences as visible minority nurses providing front line care. Building a relationship with patients is clearly a significant part of the "task" of nursing. Carrying out medical interventions, following procedures, and encouraging patient compliance are all essential nursing "tasks". The nurses in this study reported a range of experiences associated with these tasks, from feeling competent and knowing their worth as caregivers, to feeling that they had to prove themselves again and again. The findings are presented under the following sub-themes:1) Proving oneself and establishing credibility; 2) Building nurse-patient trust; 3) Overcoming resistance and persevering; 4) Knowing' what battle to fight and how to fight it'.

### Proving oneself and establishing credibility

Study participants were very articulate about what it meant to them to care for patients as members of visible minorities - as nurses who did not look or sound like White, mainstream nurses. As one interviewee explained, "[Patients are] used to the familiarity of a Caucasian nurse. You can relate to the colour, the culture, certain jokes..." Several participants referred to a probationary period in which the nurse worked hard to overcome any resistance on the part of the patient, while the patient "got used to" the idea of a visible minority nurse.

Several participants reported working harder than others in response to feeling that as visible minority nurses they had to **'**prove themselves' capable in the face of negative stereotypes and assumptions. These nurses felt extra pressure to perform in their jobs in order to prove that they were as capable as non-minority nurses. Working hard and proving oneself was also framed as a positive strategy that could serve to establish one's credibility and thus earn the trust of co-workers. The nurse who described her interactions with the physician who would constantly "test" her by asking her questions about physiology and procedures provides an example of such positive framing. She felt that she gained respect and status by answering his questions and demonstrating her knowledge. Demonstrating knowledge was also an important aspect of proving oneself. As evident in the narrative from one of the nurses cited below:

> Because everywhere I worked, and they were difficult, I mean, nursing professions, Intensive Care Unit and, and instructor, and, and head nurse, you know, after, 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. You know, they just, I was just, you know, I just sailed through.

In the interview excerpt below, having knowledge and the appropriate qualifications become tools with which to compensate for or overcome difference.

Because she recognized that knowledge is power this nurse pushed herself to work twice as hard as those around her:

> It could just be my personality, because I've always wanted to excel, from since I was a little girl, even when I was in the Philippines. So I'm not so sure. But maybe, too, it's because coming from a different background, I want to be special, and I want to be right there, because then I know that I have all the qualifications that I require in order to compete with who ever. Okay? And I think that that is, and that is where later on you will understand inside me I wanted to be there, because I want to have the qualifications that are, you know, you're not just going to say, well, she didn't get it because [she's] not… qualified.

**Building nurse-patient trust**

All of the study participants saw building patient trust as a central task of nursing, and all of them felt that this task was complicated by their visible minority status. They were very conscious of initial resistance or at best surprise on the part of new patients. The nurse cited below shared that while she had good relationships with patients overall, she worked very hard at making her patients to like her.

> If a patient [is] in pain or in stress … I'm there to help, so that person may not be prejudiced. But in a case where they [are] not necessarily very sick, …they're just bored or they're lonely, and you come in, they may not be very receptive of you. But then I found out that after I spoke with them and being very sympathetic and listened to them and compassionate, and that can change. That helps a lot.

The need to prove herself to patients in order for them to accept her was also true for this nurse:

> [Patients would say] oh, hi. … Where are you from? How long have you been in Canada? And sometimes because you're a minority, they will tend to judge you by what you are, but not judge you by what you know. But, then you've got to work extra hard, you got to do whatever they want you to do, and then to, to make them like you, to prove to them, also. And so the first impression is always different from other people. But, because they look at you differently. Maybe your hair is different, and your colour of your skin is different.

According to another nurse it takes twelve hours to build a nurse-patient relationship. She felt that once patients realized that she was competent and an advocate for their needs, "it really shaped the whole dynamic of trust". The nurse cited below describes her strategy for shaping her relationship with new patients coming in to her unit:

> I go with my team and I greet my patients in the morning or the evening or whatever, and how are you doing?, this and that, then, you will see like a different look in his face or her face, right. So I will try to work on that, in a nice way, I'm going to tell him who am I, you know. Then they will start giving this, it's like a complex, it will be relaxed, you know. Then it will, it will go away. And like in the first 30 minutes of my shift, then...you know, they will be cued, they will know me, then my tag name is there, they know who am I, then they will start dealing with me.

The question of how these nurses built trust and developed relationships with their patients' families' added complexity. One nurse talked about her experiences working in homecare:

> One little bit of mis-communication can get you into a lot of trouble, you

> know. Say for instance, they put their parent or their mother in… independent living. Independent doesn't mean that you're completely independent, you still need the relative to come and do the grocery and to come and visit… and they leave their mother or parents there, thinking that, well, that's your job, you're health promotion, they give you a whole bunch of phone numbers you're supposed to call them… Then you have to call them long-distance, on the cell phone, that you know, your mother has pneumonia with a temperature, no, but you should take your mother to the hospital, things like that, and you have to talk to them, and they [don't] like it.

These struggles did not exist for her when she began to work in the hospital, where families become visitors who come in for short periods of time. The implication that the hospital mutes and homogenizes family expectations is significant in considering the impact of this work-place on ethno-culturally diverse workers.

Despite feeling that they worked hard to win the trust of patients and their families, the nurses described their time with patients as rewarding, and their relationships with patients as positive overall. Almost all of them had success stories to share, either general comments about how well they got along with patients, or specific stories about how they had formed special connections with specific individuals.

**Overcoming resistance and persevering**

Several participants shared that they are not always afforded the opportunity to earn a patient's trust; there are occasions when time constraints and/or staffing issues make it difficult to spend the extra time with a patient, and other incidents in which patients simply refused their care. 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.

The supervisor in this case did not take any action explaining that the patient in question was a "big-wig." The clear inference, from the nurse's perspective, was that her feelings were unimportant in the face of the patient's social standing. Another nurse reported a time when a cardiac patient simply refused her care. Still another described an incident during which a patient clearly stated "I don't want her taking care of me, she doesn't look like she knows what she's doing". Some of the nurses reported that being refused by patients caused them to question their own abilities. As one nurse explained:

> [it was] almost something to make me question my, my abilities as a nurses it's like, should I even being 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 to my competency.

The incident with the yelling patient made the nurse feel "terrible". She confessed that she did not return to that patient's room for any reason for the remainder of his stay at the hospital. The patient's family approached her the day after the incident with an apology, claiming that their father was "not prejudiced, it's just the drugs".

In a very different case the nurse, whose care had been rejected demonstrated great compassion, acknowledging the patient's difficult circumstances, and attributing the problem to the patients' inability to understand her accent.

> She was frustrated because she couldn't understand me when I was talking to her. So, because of that,

> she didn't want me to provide care for her. So I discussed that with the head nurse, so she asked me if it was okay with me not to get her as a part of my duties, assignment. So, no, I didn't have any problem, really. I don't think she did that to, to be mean to me or be bad to me. She was very earnest, she couldn't understand me, and she was frustrated, she had a heart condition, she was new there, she was adjusting also with the fact that she wasn't going home any more. So there was a lot of facts about it and I have to say that never, never bothered me.

The experience of being refused was common enough that the nurses articulated developed coping strategies. One nurse talked about the need to remain "positive" in such cases. She reported that her approach was to agree to find another nurse for the patient, and then ask one of her colleagues to switch with her.

Given that study participants reported continually negotiating difference with their patients, the next obvious question was what it was like for them to work with visible minority patients. Did the pressure to negotiate difference change? One nurse expressed that she especially enjoyed providing care to patients who spoke the same language as she did and shared a similar cultural background. A second concurred that she felt able to create a strong rapport with patients from her own ethnic community:

> There's an instant connection, instant admiration for, you know, instant like throw out a little bit of Arabic words and they're, they're so excited by it, they're happy that, you know, if they can't speak English, I use non-verbal communication keys and they're, they respond. … There's just a connection that whenever I have a Middle Eastern family. … I love that concept of family that they bring into when they have the whole birthing experience, the whole family will visit. They're all there to help.

**Knowing "what battle to fight and how to fight it"**

The nurses who participated in this study talked about workplace diversity in terms of their own experiences of difference. For example one nurse interviewee talked about what she had learned by watching other visible minority nurses negotiating difference.

> And I think one of the lessons that I have also learned, 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 I think you need to know what battle to fight and how to fight it. There are things, I think, that you just sort of, you know it is, but you, you just let it go, because you can't keep fighting. I think you need to pick your battles. … Because I know other colleagues, and I've seen them, and I know as soon as they start, people just don't even listen any more. And I think it's because of the way they've, they've approached decisions.

For example, one participant described her experiences in nursing college as hurtful and difficult. She found the experience of discrimination in the educational setting especially disheartening and disappointing given her belief in the power of education to create cultural awareness and sensitivity. She talked about the importance of letting go of anger in order to move past such hurtful experiences:

> I don't know whether it's innate in me, or I don't know whether it's my nature. But, I think that when I was talking to you and I told you that I don't have the anger. I was hurt and the disappointment, because I think that if you're, if I had harboured that

> anger, you won't be able to move on. To me, I think that my belief in myself of what I am able to do and who I am, makes me, you know, aspire and move further, because I know I can do it. I know, and I also, I guess when you are rejected and you know that it was groundless you somehow feel a crack in your self-esteem. You feel, …de-valued …you feel like you were just kicked down and because I am a very strong person and I believe that, I've been wronged, therefore I want to show them that they were really wrong for what they did, as opposed to being angry or fighting with them. Hey, I'm better than what you think I am. You know. It's you who are wrong; it's not me.

As a way to cope with her experience of racial discrimination within an educational institution this study participant had learned to give her ordeal meaning. She told herself that had she stayed at that particular institution, she would not have had the subsequent opportunities to work in jobs with greater satisfaction and less stress which she had enjoyed.

In other examples of responding to discrimination, one nurse reported feeling "*bad*" when an LPN went over her head to ask advice about how to treat one of her patients, while another participant felt "*terrible*" when a patient refused her care. The interview excerpt below speaks in detail about the emotional impact of experiencing workplace prejudice:

> There are days I'm like, why am I even nursing here? Like, why? I should probably do policy or do research, or something, like do, you know, different, where I don't have interaction with people. So you know what I mean? Because then you don't have to deal with this, you don't feel that bad, because some days I feel bad, some days I decide to ignore it. It depends on the kind of day you're having, because after all, you're human, right?

Embedded in their descriptions of the emotional impact of experiencing and continually negotiating difference the nurses moved back and forth between their immediate feelings and reactions, and the coping strategies they had come to rely on. "Choosing one's battles" or learning how and when to "put up with it" were important strategies participants used as a way to respond to experiences of 'differencing' and/or discrimination. For example, a nurse who worked for 21 years without ever moving into a head nurse position stated in her interview that she never complained about not having been given opportunities for leadership. It was clear from her comments that she felt powerless to respond to her experienced discrimination in any other way. Another nurse described having put up with certain realities because she feared the consequences of speaking up:

> You have to learn to adapt. Adaptation is very important because wherever you go, you've got to adapt to the surroundings, and you have to learn not to offend people and you have to learn how to make people like you, even your colleagues. And so, you have to be extraordinarily cautious in order to, you know, to hold on to your position and then to gain the approval from your colleagues, even if you have to work more than other people.… The assignments sometimes will be selectively harder, your workload might be a little bit harder than others. But, you learn to take it because you're full-time status is being robbed from you and you're only on a part-time status, and so you have to do what is given to you. And then you, it's no use trying to complain or say anything because you can generate other stuff that's

more unfavourable to your work, work place.

Later in the same interview this point was re-stated matter-of-factly: "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?"

Other nurses reported '**putting up with' discrimination** in their workplaces in order to keep an even keel. Although hurt and angry the nurse who had been slighted by the LPN who went over her head never confronted her colleague said she remained silence for fear of repercussion, she recalled: "I wouldn't [say anything]…afraid that she will hate me more". Another nurse, who described herself as shy, reported that she never complained, and that the other staff never knew when she felt badly. Another, whose supervisor referred to her as "the foreigner," explained that she did not speak up initially because "you just sort of took that as part of what happened". Yet another talked about putting up with racist comments from patients stating: "I've had it happen so many times that now I just overlook it and I'll step out of their vision, of their visual field".

Study participants advocated maintaining a positive attitude as a strategic response to discrimination. For the nurse cited below positivity was a guiding principle, and a key component of her approach to nursing:

> As I said before, you have to be positive in yourself. You know, if you're going to be positive, you can devote every, every problem that. Because nothing will be stubborn … there is no conflicts, there is no solution for it, no. You know. So this is my point, this is my theory in my life. Everything has a solution.

For this nurse, a positive attitude was not only a response to negative experiences of prejudice, but also a means to safeguard against them. When asked if she had experienced discrimination in her workplace, she replied:

> I can't say yes, and I can't say no. … Sometimes you feel that a person is going to start to discriminate. But I don't give myself the chance to feel it. And, I don't give myself the chance to be negative in that situation, you know, so when the person in front of you will start acting to be a discriminator or whatever, then he will show you strong, you know, your strong personality or . . . I'm not saying that I'm working, you know, being strong or mean, no, but I mean, like he will see that you're not that shaky person or, so they will really, you know. But, yeah, it's happened maybe sometimes you will see it. But, it's never bothered me.

The experience of negotiating difference and navigating the euro-centric cultural terrain of Canada's healthcare establishment is emotionally taxing. The visible minority nurses who participated in this study described various strategies for maintaining their own mental health and well-being within the work-place environment, including staying positive, working harder, choosing their battles, and investing in support networks.

## DISCUSSION AND IMPLICATIONS

Negotiating difference is emotionally taxing. Even when standing out in a group is not tied to questions of racialized hierarchy or institutionalized norms it requires explanations, time, and effort. Study participants reported that the continual need to negotiate their ethno-cultural difference in the health care workplace had a negative impact on their work-life experience. Throughout the interviews participants discussed their emotional responses to experiencing and witnessing discrimination.

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 quotidian acts of exclusion and discrimination. [4,5,18] The findings of this study, that minority group nurses feel obliged to prove themselves and their capabilities even once they are on the job, work harder than their colleagues to win the trust of patients, persevere in the face of resistance, and choose their battles with care, reveal a failure of inclusion within the healthcare establishment. The goal of this research is to inform policy to facilitate the effective integration of visible minority nurses into the healthcare workplace with the ultimate aim of improving the quality of healthcare and ensuring better health outcomes for patients and their families.

Studies looking at workplace diversity have moved beyond enhancing visible diversity to consider the less visible achievement of inclusion [12, 13, 14] Inger et al. [20] argue the need to accommodate different kinds of knowing, that is knowledge not encompassed by western bio-medicine. Soule [21] argues that the full inclusion of visible minority nurses will necessitate this "significant paradigm shift... refocusing the healthcare provider role from "cultural broker in service to the healthcare system... [tasked with] bringing clients into the ways of the system"... to [one of re-] organizing system resources and personnel around clients [and their expectations]". Bleich et al. [1] also emphasize the distinction between allowing for difference and actually incorporating differences. Drawing on their research findings they advocate changes to six specific areas in order to address the negative work-place experiences of visible minority nurses and create a more inclusive organizational culture. These changes range from improvements to admissions processes, to ensuring that promotion and/or tenure structures are balanced (90-91).Valuing a wider range of 'caring' skills might answer the need to recognize the prior and alternative experiences of visible minority nurses. It might also alleviate their sense of being tested and of needing to work harder than others to prove their worth.

Galuska [22] points out the value to health outcomes of "intentionally creating ...conditions where diverse people can interact and collaborate". The creativity and flexibility learned from these interactions, together with the relationships built by collaborating, enrich both individuals and institutions. She argues that efforts to support diversity are good investments for healthcare institutions since those efforts in themselves can lead to a more inclusive environment where discrimination and differencing are minimized. Galuska's study [22] found an association between the experience of racism and the lack of diversity. An increase in racism creates a negative work environment and contributes to a narrower view of diversity issues, leading to a less welcoming environment and to less diversity. [16] In contrast, an increase in the cultural diversity of the workforce in a given organization becomes an impetus to employ diversity management tools which leads to a more inclusive work environment and subsequently, a decrease in experienced racism. [15,19] Current strategies to support minority group recruitment and retention (mentoring, networking and peer support groups) work in concert with the support network building and community investment strategies currently used by minority group nurses. Creating an organizational culture that encourages collaboration and allows time for building relationships within the workplace, as well as finding ways to accommodate family and community relationships, will support the already effective coping strategy of relying on relationships, and investing in building trust, already used by visible minority nurses.

Choiniere et al [17] found that "racialized nurses' experience aggravated forms of harassment... [and] report experiencing a variety of mental health ...[and] physical symptoms". Their research drew a direct "connection between harassment and illness" (17 p320). Clearly,

the first objective of healthcare workplace management must be to eliminate, or at least to mitigate, this harassment. An organizational culture that is seen to respond compassionately and consistently to incidents of differencing or discrimination will support the visible minority nurse's efforts to "stay positive". Choiniere's research found that, as in the incident involving the yelling patient reported above, class and gender informed how seriously incidents of discrimination or violence were treated by management. [(17)] Inconsistency in responding to acts of 'differencing' contributes to the malaise of visible minority nurses in the workplace. Inconsistency also plays a role in forcing minority nurses to choose their battles, feeling that they must advocate for their own well-being.

## 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. The nurses who participated in this study described these resources as vital to creating a positive work-life experience, and safe-guarding their mental and emotional well-being.

It seems self-evident that the organizational culture of healthcare workplaces might promote healthy work-life experiences by facilitating the coping strategies already being used by visible minority nurses. If we think about organizational culture as the 'personality' of an organization, we can perceive it in the organization's behaviours, assumptions, and priorities. An organization's personality is visible in many material ways, from the arrangement of furniture and the choice of awards hanging on the walls, to the way members dress and what gets talked about in the halls. [(23)] Facilitating the work-place coping strategies of visible minority nurses, and addressing the differencing behaviours that make them necessary, will require some rearrangement of 'furniture' in the traditional health-care workplace. Specifically, it will call for 'de-cluttering'(to continue with McNamara's analogy) and the removal of unnecessary euro-centric assumptions, as well as the provision of yet-to-be-determined new 'appliances' designed to better recognize the prior experiences and current accomplishments of nurses from minority groups. Most importantly organizational 'redecoration' should work to normalize difference and accommodate relationship building.

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