

#### Managing diversity

The current management definition of diversity emphasises the demographic, surface-level differences (for example age, gender, ethnicity, occupation) within a workforce. The diverse backgrounds of individuals, compounded by the 'work culture' from where they have come, influence the way people communicate and behave in work settings. For example, in some 'cultural settings' it is generally more common for employees to accept authority, while elsewhere individuals tend to be more articulate and confrontational. Some cultures are people-orientated, requiring a lengthy introduction before getting down to business, while for others this seems a waste of time. These underlying beliefs have implications for management in organisations and they have implications for the integration of individuals who are used to functioning in a distinctly different set of norms<sup>1</sup>. Diversity has advantages as well as disadvantages when it comes to the productivity of the work-team and individual contribution towards overall organisational effectiveness and capacity. Thus understanding of diversity can be seen as a key to integrating migrants, as explained by this 44-year-old female nurse from the Congo:

*'The problem is to prepare the mentor or the ward manager to get used to work with nurses from overseas and try to understand that the different way in working is different and help them to integrate in society.'*

Human resource management involves getting work done through the co-ordinated efforts of others and managers are not only judged by their own

performance, but also by the contributions made by their staff. Where employees reflect a wide range of diverse backgrounds, naturally attention should be paid to the management of diversity.

Firstly issues associated with the positive expression of diversity related to migrant nurses are presented and secondly those issues linked to problems with diversity management are highlighted.

### **Positive expressions of diversity management**

As analysis of the day-to-day relationships between migrant nurses and ward managers, nursing sisters or mentors in chapter 5 shows that these relationships are affected by understandings of individual differences in culture, ethnicity and personal journey. The organisational framework for the way diversity is managed is expressed in written policies and procedures developed by departmental managers, such as 'human resource managers', 'managers of diversity' or 'managers of clinical services'.

Mintzberg's<sup>2</sup> criteria for an effective organisation show that there is no short-cut to nurturing individual employees when an organisation wants to achieve its objectives: *'...releasing individual capabilities, values individual contribution ... and looks out for employee well-being, thus nurturing trust and commitment.'*

Where a workforce is diverse, it requires managers to pay more attention to issues of equality in access to support and resources, communication and

individual respect. Successful management of diversity reflects in positive work related emotions and also an increased intention of migrant nurses to want to stay with the organisation. Generally migrant nurses are motivated to do their best if they feel supported and treated fairly by their managers as expressed by a male nurse from the Middle East:

*'They tried to support me as much as they can - I will return that and do what I can. It is a general attitude: If they are respecting me, why not stay with them.'*

This causality could also run the other way and managers should treat those internationally qualified nurses who appear highly motivated favourably and support them during their integration by offering open, two-way communication and respect.

Migrant nurses perceive successful diversity management firstly through interpersonal attitudes and secondly through practical interventions:

- Managers welcoming all facets of diversity among their workforce
- Managers seeking to understand the newcomers
- Managers revealing openness to change
- Managers implementing successful communication procedures among nurses who differ in ethnicity and professional status for example through regular staff meetings providing a forum to discuss practice
- Managing such staff meetings in a consultative manner which gives all, including newcomers freedom to express their points of view

- Managers encouraging and facilitating fair and equal professional career development by encouraging participation in training and study days even if there is a shortage in staff
- Rewarding and promoting migrant nurses fairly in comparison to British-trained nurses
- Managing people with dissimilar career ambitions and different personal commitments in a constructive manner whereby individuals respect each others differences

Newcomers appreciate being treated in a fair and equal manner as this male nurse from Pakistan points out:

*'The hospital arranges study days, and during study days they count our hours as a full-time work and they help us to learn the things. They have to pay for someone to go to the ward and also they pay for the class. So, it's a very good thing.'*

During a follow-up interview the same nurse was working effectively in theatre care in the same hospital that supported his supervision period. He therefore stayed with the organisation, reciprocating the investment that was made in him. He had settled into the British approaches to nursing, which differed considerably from Pakistan where he had worked before. Moreover, he continues to learn about the different types of surgery, thereby enhancing his skills and contributing to capacity as result of his managers treating him equally and giving him support during his integration and career development.

Investment in individuals' career development is key in motivating individuals' commitment to the organisation, but it also offers financial benefits with promotion opportunities and increased salaries. Therefore offering promotion opportunities is not only directly linked to intrinsic work-related motivation, such as increased job satisfaction and a boost in self-confidence and self worth. But there is also a direct association with extrinsic benefits in the form of a rise in salary. Moreover, migrant nurses feel psychologically equal, accepted and part of the wider health care system as a result of organisational investment into their careers as one of the nurse informants mentioned:

*'I am doing now a D-grade development programme. In a few months my manager will promote me from D grade to E grade. That will be better not only financially, but also psychologically.'*

Even though a manager may approve of further training activities for internationally qualified nurses, these have to be supported by colleagues at the workplace, as they have to cover for the individual during their study leave. Equality in accessing professional development therefore depends on relationships at work, not just organisational guidelines or managers' good intentions. Thus managing diversity is about more than cross-cultural issues. It also includes managing individuals with different ambitions and attitudes to work. An experienced nurse from Rwanda remarked on this by saying:

*'I have a study day on Mondays and my manager supports me. The training is exciting, but I found that the problem is with the other nurses: sometimes they are the trouble-makers. They don't like colleagues going on study days. They*

*don't want to go themselves, they want to work, but not study. So, they don't understand others going on study days.'*

While most NHS Trusts provide study days, courses, development programmes and in some cases support for university degrees, not all newcomers feel that these are accessible to them due to resistance within the wider work team. The following statement reflects the gap between what is promised and what is actually delivered to some of the nurses directly recruited from the Philippines: *'The Trust is supportive, but the ward managers are the hindrance to our growth, as they don't give us the opportunities announced to us.'*

A promotion strategy, which considers previous, non-British nursing experience, is one way of demonstrating equality within diversity as it shows that migrant nurses are not just recruited to fill vacancies, but are viewed as individuals with individual professional backgrounds and career aspirations. One manager outlines how this can be implemented in practice:

*'We pay them a grade-C while they are doing their supervised practice course. A lot of these nurses are very experienced with lots of experience of working overseas and we put them in an area where they have previous experience, so they get developed quicker. For example, if they have ITU experience in their country, part of our criteria here for that grade is that they have the NB 100 and we maintain consistency in that, but that doesn't mean that they wouldn't be supported to do that straight away.'*

Implementing such competency-based career development scheme allows the specialist nurses and those with experience to progress quicker. There is the risk, however that this causes conflict between newly arrived and long-serving staff who have not been promoted. It is therefore important for the whole team to understand and embrace the promotion process in order to prevent in- and out-group behaviour and resentments. Once implemented thoughtfully competency-based promotion schemes could strengthen commitment among the workgroup.

Even though it needs to be recognised that offering promotion opportunities is not a guarantee that individuals will stay with the organisation, not offering any career development opportunities or offering them in a discriminatory way definitely contributes to high attrition rates.

While diversity management is not exclusive to cross-cultural issues or newcomers to the organisation, cultural diversity and variations of cultural understanding within certain ethnic groups are certainly factors that managers and other team members need to learn to appreciate in order to achieve equality. Cultural understanding among the staff can benefit the organisation by allowing ideas and suggestions to flow forth more unconditionally. Thereby every team member can contribute and this can lead to some truly innovative ideas.

As was shown above having a diverse team can make some patients feel more comfortable and understood. While there may be dangers of

miscommunication, the following example shows that cross-cultural communication can equally be effective and there are dangers in cultural stereotyping. Cultural consideration may not necessarily make any difference to the clinical care a patient receives, but as it is a good example of respect, it should make a contribution to overall patient well-being, as well as educating colleagues of the importance of cultural gestures. An NHS diversity manager gave the following example:

*'A nurse from India was being offered a placement on the HIV unit and her initial reaction was 'No, I don't want to do that.' HIV is very much a taboo subject in India. She still did it despite that first reluctance and really enjoyed it. Talking to her, she felt that because of her Asian background she could understand the Asian patients better. One example was a patient whom they had to take for an examination and they wheeled him head first out of the room and she stopped them and said, 'No, you can't do this, you have to turn it around. It is really important, if you wheel patients head first it means that they are going to die.'*

Open discussion of some cross-cultural concerns and policies, which also relate to differences in nursing ethic can easily be part of the induction programme early on in the integration process. Without putting a value on better or worse practices such open discussions can aid learning from each other and thus open up a two-way-communication and learning process.

For example, some African migrant nurses may have been used to operating autonomously while others from Eastern Europe may have been used to



depend entirely on doctors' orders. For all getting used to the boundaries, challenges and responsibilities in the UK health care system requires a change in behaviour. Yet, UK-trained nurses can easily get impatient with newcomers if they do not understand their previous professional ways of carrying out their nursing function. Equally, UK-trained nurses of minority ethnic origin may have further facets of diversity to add, showing that diversity management relates not just to migration.

*'So quite regularly we put on a programme on 'ethnicity'. But we also acknowledge that our staff are from a variety of countries, not only the adaptation staff - there are people who have been born here, but are from different origins.'*

While such workshops and seminars about issues related to diversity and ethnicity may be one step in the right direction, if these discussions do not form part of day-to-day working life, they will make little difference to true interpersonal understanding. Diversity management needs to become an integral part of any workforce representing differences in culture, age, gender, ethnicity, educational level, nationality or employment status and working arrangements.

The issue of diversity management highlights the interrelation of management policies, career development and the effects on overall organisational cohesion and capacity. Diversity is about more than implementing procedures; it is about relationships at work, with all members of work teams,

including the newcomers developing a deeper understanding of multiple identities and how to support individual capabilities.

### **Problems associated with diversity management**

A lack of understanding of diversity issues, including some of the multiple pressures and migration-related issues migrant nurses face can create serious problems related to work group cohesion, organisational commitment and job satisfaction, ultimately affecting nurse retention. These are some of the areas where problems can occur:

- Working shifts or long days affects all groups of nurses, but it can create particular problems for migrant nurses, such as refugees who need to present themselves in person at specific times in order to sort out their personal lives
- Not having an awareness of and sensitivity to the pressures on the stranger, the migrant
- Not being motivated to integrate individuals with diverse backgrounds
- Being prejudiced towards newcomers and discriminating against them either overtly or hidden
- Not embracing the newcomers skills and professional experience
- Not offering any encouragement or affirmation
- Not acknowledging the migrants' professional background
- While migrant nurses have to get used to the NHS or 'British' way of doing things, this should not imply that their previous way of operating is inferior. *'I want you to know, we are not in your country.'* Is not an attitude that reflects inclusion

- Not promoting migrant nurses or other nurses from minority groups into senior positions

Some of these issues need to be addressed in very practical ways, such as providing nurses with a satisfactory working schedule, mixing different shift patterns so that nurses do not have to use up their annual leave in order to meet personal and migration-related matters.

Addressing motivational issues among managers and colleagues is more complicated, as illustrated in this comment made by a nurse from Africa:

*'The ward manager was not prepared to work with people from other backgrounds. If they were really motivated it would be better.'*

In addition, being new to the organisation and being a stranger makes it very awkward for some migrant nurses to convince their managers of their capabilities. Not being known can place much pressure on the individual who may feel anxious to prove their capacity but receive little encouragement or affirmation. One nurse from Ghana said how this affected her self-esteem and how her professional competence was put into question:

*'You could get one or two who still gave you the recognition as a registered nurse, but during the daily activities on the ward it happens that you have to do the junior person's job. I ask myself why should I go through this? I had my full nursing recognition before I came to this country.'*

Migrant nurses' contributions are not always recognised or valued by their managers or colleagues. At the same time to be assigned specialised nursing duties can on one hand affirm capabilities, but on the other hand, if not remunerated appropriately it can at best cause de-motivation and at worse present exploitation as these remarks show:

- *'We are called to work when they are understaffed, but they gave us a workload assigned for a 405 or E-grade, but we are only paid a D-grade.'*
- *'I am contributing a lot of work to the group, working an extra mile, but my workgroup doesn't care.'*

Individuals respond differently to lack of recognition or taxing organisational management with some feeling gloomy while others enjoy the challenge and persevere. Thus together with training and support provided, the personal traits and abilities should not be underestimated and have to be considered in the way individuals are being managed.

For many managers the added responsibilities that they faced when working with a diverse workforce can be equally demanding. Integrating migrants into an existing workforce is a multifaceted process, and establishing the capabilities and working with internationally qualified nurses from a range of different countries can be a complicated, time and labour intensive process. In order to make these investments into people worthwhile, managers have to focus on the long-term outcomes in the form of greater motivation, capacity and retention. Again, some find this difficult, but are able to overcome the

pressures while others may not be sufficiently prepared for the management of diversity and need more training.

Managers face the difficult task of integrating nurses who were used to working in a different health care system and have to bridge the discrepancy between nurses' competencies and the British regulatory nursing framework as this comment made by an NHS manager makes clear:

*'Some of them don't always appreciate that we supervise them for the right reasons, 'I am a qualified nurse, I don't need to do this' – like a child – 'I don't need to do this. But we have to ensure that they are safe to practise as a registered nurse. The ward is under huge pressure and if you are delegating a task you need to be sure that it is done. Sometimes there are tensions and the biggest one we have had was with drugs. They can't understand that you can't give two Paracetamol unless a registered nurse is there and that has caused problems because they are so used to giving them, even antibiotics.'*

This manager seemed exasperated by the migrants' failure to be 'safe to practise' and therefore dismisses them as '*children*'. Other managers have used terms such as coming '*from a backward place*', '*from a cave*' or draw conclusions about individuals' nursing capabilities on the basis of their English accents or the colour of their skin. Clearly such attitudes and lack of verbal control do not contribute to good diversity practices. Instead, despite the multiple pressures on managers, mentors and supervisors, they need to be able to offer some individual support based on flexibility, a willingness to

engage with diverse sub-groups of migrants and an ability to assess an individuals' skills, voicing constructive criticism where necessary.

Managers also have the difficult task to decide if a newcomer is going to meet the required standards. Supported by equal opportunities legislation it is extremely important to be fair and equal in assessing competencies and where they are not met despite the individual having received additional support, be seen as procedurally fair when contracts have to be terminated.

Where managers recognise individual needs and support the integration of migrant nurses' capabilities into organisational capacity this makes a clear contribution to positive outcomes for their organisations. In particular the nurses' intention to stay with the organisation and their reported level of job satisfaction are important indicators of the success of integration strategies and the management of diversity as one aspect of this wider strategy.

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## References

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<sup>2</sup> Mintzberg, H. (1983) *Structure in Fives: Designing Effective Organisations*: Prentice Hall International, New Jersey.