2.1: Introduction

Learning Objectives

- Understand the concepts of culture, cultural competence, and cultural safety in leading and managing nursing.
- Discuss cultural diversity and the ways in which people differ.
- Identify theoretical models that can facilitate culturally competent patient care.
- Articulate the generational differences among Veterans, Baby Boomers, Generation X, and Generation Y.
- Explore the issues of workplace diversity in health care organizations for nursing staff, nurse leaders, and patients and families.
- Describe how the nurse leader can manage workplace diversity.

_In a multi-race society, no group can make it alone._

—Martin Luther King, Jr., March 31, 1968 (Phillips, 1999, p.136)

Workplace diversity is becoming increasingly important in Canadian health care settings. As the nursing workforce and demographic patterns change, it is important for nurse leaders to understand and influence staff with various values, beliefs, and expectations. In this chapter, we first review cultural diversity, ethnicity, race, cultural competency, and cultural safety. Second, we explore the differences between cultural competency and cultural safety. Third, we present theories that can be used to guide the implementation and delivery of culturally competent nursing care. We review the role of nurse managers in supporting the implementation of culturally competent care with clients and within health care organizations. Finally, we will discuss how diversity applies to new generations and see how intergenerational conflicts...
arise from different cultural beliefs. We conclude with strategies for managing workplace diversity.

In Canada, the general population is becoming increasingly diverse in colour, culture, religion, ethnicity, and origin (Statistics Canada, 2017). Data suggest that in 2011, 20 per cent of the Canadian population were immigrants, and projections are that the percentage of immigrants in Canada will continue to increase (Statistics Canada, 2017). The influx of immigrants to Canada has been characterized by sustained immigration and an increased diversification of immigrants, which has been designed to meet Canada’s economic needs and to provide a welcome refuge for vulnerable refugees.

The number of new immigrants and their geographical locations could affect the ethnocultural diversity of various regions in Canada. For example, the top ten countries from which immigrants come to Saskatchewan have been Philippines, India, China, Pakistan, Ukraine, United Kingdom, United States, Bangladesh, Iraq, and South Africa (The Canadian Magazine of Immigration, 2016). Such changes to the cultural reconfiguration of the prairie landscape will affect workplace diversity.

These changes have led to a growing challenge in nursing leadership related to the management of a culturally diverse work environment. Cultural and generational differences related to attitudes, beliefs, work habits, and expectations have proven to be challenging for nurse leaders (Kramer, 2010) and will continue to be a critical managerial and leadership priority. Demographics, language, education, cultural, gender, race, and generational differences are factors that have increased conflict within health care teams, which is associated with burnout and decreased job satisfaction (Almost, 2006; Mortell, 2013). When conflict and disharmony occur within a team, the nurse leader plays a significant role. Results of misunderstandings and misinterpretations related to cultural and generational differences can be costly to organizations as they can result in increased absenteeism, decreased staff satisfaction, and decreased quality patient care (Weingarten, 2009).