Start from Where You Are: Diversity & Inclusion Exploration within Organizational Culture

By Janet Fairbridge

BACKGROUND TO PROJECT

After the one-day Diversity and Inclusion (referred to as D&I throughout this report) training provided to the Fellows pre-Congress in November 2018, my perspective on this project and its process has changed quite dramatically.

The group of Fellows assembled for the D&I training can be paralleled with the group I work with in a healthcare setting – the Fellows and our facilitators are informed, educated, passionate individuals that believe in D&I; the staff, volunteers and Boards I work with are equally informed, educated and passionate individuals that believe in the specialized healthcare we provide. And yet, through the D&I training day, there was adversity, discord, confrontation and discomfort as issues were raised and opinions/perspectives were shared. This exists within my organization of employment as well (as I expect it does to varying degrees in all businesses/organizations) and is having an impact on the overall culture of our organization.

The early part of the D&I training day was wonderful. It felt that everyone had come to the table with a similar eagerness and desire to learn and to share. The facilitator was knowledgeable and engaging. In hindsight, what unfolded through the day was actually an incredible learning experience for me personally. I do not discount the hurt, offense and ill-will that was created and was very uncomfortable with some of the accusations exchanged between one Fellow and one facilitator, but what it did for me personally, was bring to my attention the extent of my own white-privileged perspective on issues I thought I had *some* understanding of, but clearly I have only managed to scratch the surface. The day drove home for me the importance of these uncomfortable conversations and an increased desire to be a better ally in all that I do.

The biggest take away for me can be summed up in the word "perspective"; as in one's perspective or view on, or of, any given situation. That one's own history, upbringing, lived experience, etc. influences our perspective so much and that perhaps most importantly, this can be either consciously or unconsciously. With this new found perspective of my own, my approach to the concepts of diversity and inclusion has grown from that day and continue to evolve as a result of the Fellowship program.

So, where does unintended/unconscious bias come from? Through our D&I training the realization of unintended or unconscious bias was explored through the use of the Implicit Association Test (IAT). I personally found the self-awareness factor of uncovering my own unintended and unconscious biases by taking the IAT an important element as I consider how this impacts my work.

SELF-AWARENESS AND DEVELOPMENT – THE ACT OF VALUING

Through researching previous Fellows' projects for inspiration early in the process of my own project, I came across the work by Janneth Mayorga from November 2016. Mayorga writes about the competencies she was seeking to attain through the course she was designing in order to best reflect the competencies from Brescia University College. The competency of "Valuing – the ability to draw meaning, knowledge and value from honest and fair reflection and self-evaluation" stood out for me in relation to the use of the IAT. This tool, the IAT, could be used to assist us in our learning through self-evaluation which could lead to increased self-awareness and in turn increased mindfulness.

STRATEGIC PLAN - VALUES

Our organization prides itself on providing the best possible care to our patients and has defined our Values within our Strategic Plan to include the following points:

- Choice – We believe in a patient-focused approach where each person has full choice in their care. We believe that the individual's faith, experiences and culture determine many end-of-life choices, and that ethical care means providing care in accordance with those choices.
- Dignity – We believe that we must assist each individual to maintain their self-respect.
- Empathy – We believe that to understand individuals in our care we must attempt to "put ourselves in the shoes of another".
- Ethics – We believe that end-of-life care must be provided supporting the individuals' choices where possible, and in making decisions for the organization based first on the best interests of our patients.
- Non-judgement – We believe that each person is unique and our own bias or prejudice has no place in our care.
- Valuing our Team – We believe that our staff, physicians and volunteers are our most valuable resource and to that end will provide support and education necessary for them to fulfill their responsibilities with the utmost confidence and satisfaction.

PROJECT THEORY

If I, as a person who considers herself culturally-aware and inclusive in my everyday approach to my work, have these unintended and unconscious biases, and having viewed reactions to our D&I training of November 2018 that can perhaps best be explained as being a result of unintended/unconscious bias, then I would suggest my co-workers will also have unintended and unconscious biases. If an increased level of self-awareness can be achieved, an increased level of mindfulness of perspective, both of one's own and others', may also be achieved.

(ORIGINAL PLANNED) METHODOLOGY

Thinking on this concept, and reflecting upon the current state of our organization, I believe that in order to "start from where we are" the first step is to create a survey for our staff that will gauge their individual level of self-awareness in relation to personal bias. Following the survey, have each staff member then take the IAT. IAT results would not be shared, but a follow-up survey to gauge feelings of each individual post-IAT to compare to pre-IAT would be conducted.

(ORIGINAL PLANNED) NEXT STEPS

The discussions that will result from the surveys will assist in a focused exploration of our own self-awareness as well as an organizational awareness of the need for D&I training and ultimately, policy building and implementation around increased D&I as required in our organization's Accreditation process. Through consultation with my mentor Jeanette Heywood and her introduction of Nneka Allen to me and my project, these professionals recommended the use of an outside/third-party facilitator for the next steps.

As a result of undertaking research for this initial process, I was invited to be a part of an "IDEAS project" (Improving & Driving Excellence Across Sectors) currently being conducted by our Clinical Team and Quality Assurance and Training Officer that seeks to "Improve Patient and Family Experience and Outcomes through our tailored Orientation and Training Program". The plan is to have a summary of the findings from my surveys and our next steps in working towards increased D&I at our organization be utilized within the new training and orientation program.

In healthcare, there are eight core competencies that the Brenner's Stages of Clinical Competence consider to be best practice for nursing/clinical care and of this, number one is "respect for patients' preferences". Uncovering personal biases that may create barriers to providing this respect will create a starting point for what may prove to be difficult conversations, but necessary all the same. These conversations will become the building blocks needed within the Orientation program to empower staff through their self-awareness and encourage the consideration of the "others" perspective, which will inform their skills for improved communication with patients, families and each other.

THE BEST LAID PLANS

It should be noted that within the context of these projects, the most senior manager of our organization has been on leave. This individual was one of two champions of my AFP Fellowship participation and was also a supporter of our team's selection as part of the IDEAS project.

Additionally, there has been a formalization of structure with in our organization. We have had two separate Boards of Directors for several years, but as of February 1, 2019, reporting lines and a clearer delineation of Operations Board and Fundraising Board has been outlined. My personal reporting line has changed from reporting to the senior manager (on leave) to the Fundraising (Foundation) Board President.

The invitation extended to me to be a part of the IDEAS process has resulted in increased direct contact for me with our clinical staff. I have been a part of the process to build an Orientation and Training program for the clinical team that will eventually be modified to form a program to be used elsewhere in the organization for administration, fundraising, programming and volunteers. Through this process, it has been discovered that the communication divide between “front of house” (administration, fundraising, programming, volunteers) and “back of house” (clinical) in our organization is vast; much more so than I was previously aware.

In the absence of the current senior manager, the clinical lead has filled in as interim Director. These two individuals have very different leadership and management styles. The clinical lead who works very closely with the clinical team on a daily basis has a much different relationship with the team and as a result the team (I have learned) feels much more comfortable expressing their feelings/concerns to this individual. This clinical lead sits at the IDEAS table and as a result, the effort to encourage an open and transparent communication style at the IDEAS table has been well received and utilized by the clinical representatives on this project. Clinical staff is trusting of this individual and have vocalized this trust. What has become apparent however is that there is not the same level of trust for other elements of the “front of house”.

This has been demonstrated through hesitation and reluctance shown towards the D&I project. It should be noted that the community in which we live/work has historically been a very white, Anglo-Saxon, working class community, and anecdotally our organization reflects this similar presence. However our community is changing and with it, so is the patient base that we serve. Through all-staff meetings and individual discussions leading up to the planned exploration/delivery of the IAT, it became clear that a statistical representation “on paper” of our diversity picture should be created as a baseline before contemplating the presentation of the IAT. In consultation with my mentor Jeanette Heywood and Ronit Yarosky, our National Director of the Fellowship program, it was felt that in order to truly start from where we are, creating a baseline was needed and a gauge of initial thoughts on D&I should be explored before any meaningful training could be considered.

There were vocal objections raised by clinical staff to the collecting of statistical data for D&I purposes – the echoes of ‘you can’t legally ask those questions’ resonated loud and clear.

Through consultation of the Ontario Human Rights Commission document called “Count Me In: Collecting Human Rights Data” (Commision, 2010), online research, and eventually the use of a template created by the Sustainability Network (Toronto, 2009-2012) that was based on Census Canada questions, a D&I survey was included within a larger staff survey that was utilized to gauge organizational culture as a whole. The survey as it was presented is outlined below.

Staff Survey – Diversity and Inclusion

This survey is from the template created by the Sustainability Network (Toronto, 2009-2012) and is based on Census Canada questions and other organizational diversity surveys found on the web.

This survey will assist us to:

- Gather diversity statistics to create a baseline for our organization
- Understand perceptions around diversity and inclusion
- Provide input for the improvements on an Inclusion and Diversity strategy as required in our Accreditation process

Elements of diversity can include (but are not limited to) the following:

- Age
- Ethnicity
- Gender
- Physical abilities
- Race
- Sexual orientation
- Education
- Geographic location
- Income
- Marital status
- Religious beliefs
- Work experience

If there is/are any questions which you feel uncomfortable answering, you are welcome to skip them. All answers will be kept anonymous and confidential.

Your age group: (please circle your answers)

- 19 or under
- 20 – 29
- 30 – 39
- 40 – 49
- 50 – 59

- 60 – 69
- 70 and above

Do you identify as:

- Male
- Female
- Transgender

D&I Survey (page 1)

Do you consider yourself to be:

- Heterosexual or straight
- Gay or Lesbian
- Bisexual

Please write down which ethnic or cultural group(s) your ancestors belonged to and/or which ethnic or cultural group(s) you identify with:
(i.e. Canadian, French, English, Chinese, Italian, German, Scottish, Irish, Cree, Ojibway, Métis, Inuit, Pakistani, Ukrainian, Dutch, Polish, Portuguese, Filipino, Greek, Finnish, Jamaican, Vietnamese, etc.)

Please write down all of the language(s) you can speak well enough to conduct a conversation.

What is/are your country(ies) of citizenship?

What does DIVERSITY mean to you?

What does INCUSIVE mean to you?

What suggestions do you have for our organization to become a more diverse and inclusive organization?

What would you like to learn more about regarding diversity and inclusion?

Please feel free to add additional comments in the space below that have not been addressed in the above questions.

D&I Survey (page 2)

It should be noted that background provided to staff verbally prior to the survey included the following information:

- All surveys will be kept strictly confidential. No names are required to be added to the survey and survey can be filled out electronically, printed off, and then submitted in envelope provided to the interim Director. She will then provide the D&I information to the author of this project.
- Answering any/all questions on the D&I survey is optional.
- Information collected on this survey is for statistical use by our organization.
- Information collected on this survey will be utilized for planning of policies related to Diversity and Inclusion to fulfill Accreditation requirements.

RESULTS

- Of 30 surveys sent out, 15 were returned with D&I section completed.
- Age Group - 1 person did not answer the question.
- Gender Identity - All answered the question.
- Sexual Identity – one person questioned “Why?” – the assumption here being they were questioning why this question would be asked; another person pointed out that the options provided as answers in “this category is not very diverse” – which is VERY valid as we know the spectrum of sexual identities is so much broader than those listed in this survey.
- Ethnic/Cultural Group Identity – 12 answered Canadian, 3 others identified other group identity/identities
- Language for conversation – 11 answered English, 2 answered with other languages, 2 chose not to answer
- Citizenship – 14 answered Canada, 1 answered Canada/USA

MAIN THEMES

What does Diversity mean to you? – Of the 15 completed surveys, all had a comment to this answer. The main theme in answers to this question indicates the concept of both recognizing all the ways we as humans differ from one another and being accepting of all of those differences.

What does Inclusive mean to you? – 14 answers to this question indicate the theme of creating/fostering a collaborative, supportive, respectful environment that encourages full participation by all and equitable and equal/fair treatment of all.

What suggestions do you have for our organization to become a more diverse and inclusive organization? – Of the 8 answers to this question submitted, all 8 point to the desire for more education around diversity and inclusion – the idea of exposure/education on backgrounds, religious practices, cultural traditions, etc. to assist with breaking down barriers of "differences" was very clear in these responses.

What would you like to learn more about regarding diversity and inclusion? – Of the 3 that answered this question, they can best be summarized with the words of one specific answer that was given – "I would like to learn more about a philosophy that encourages us to go beyond the superficial differences that we perceive among ourselves, our clients, etc. so that we are able to operate out of love and acceptance for all people without the condition of them fitting into the box of what we call 'acceptable'. To do away with this box entirely. Not ignore the differences or suppress them, but be fully aware of them and still choose to treat that person with the same love and integrity as you would treat any person."

OBSERVATIONS

While this is useful information and has given us much to consider for next steps as we work towards building D&I awareness and eventually policies, the more telling piece of this survey exercise for me was that only half of the staff surveyed actually responded.

The option to not answer the questions was given. But does this reflect the lack of trust with the project author as she is considered "front of house"? Is this a lack of trust with the project author because she is now considered part of "the other" organization (Fundraising vs. Operations)? Is this a lack of interest/understanding in seeing diversity and inclusion be a part of our larger organizational picture? Or is this more of an overall reflection of the organization's culture as a whole? If, as anecdotal discussions indicate, there is a lack of trust with levels and styles of communication within the organization, a lack of confidence in participating in surveys such as this is understandable when individuals feel "it doesn't matter what I say, it is never heard or acknowledged and it doesn't make a difference."

Through consultation with our interim Director post-survey, her thoughts on the results are captured below:

> One thing that I would like to add is that although they may not have filled out the survey, the staff is engaging with you now in a very different manner. They enjoy your presence, listen to what you have to say and have started to confide in you as well.

As discussed before, this “back” and “front” thing comes from top down.

I find the results of your survey interesting since non-judgement and different cultures are taught [to nursing students] thoroughly in university.

I always thought that there are over 55,000 nurses in Ontario alone and that if they joined together on something and made their voices heard, then communities and the world would change. One professor that I had that was out to change the world was told to “go home and take out your knitting needles!” Unbelievable but true.

So I would take an educated guess as to say that the lack of surveys revealed a “lack of caring” to fill them out.

I will provide you with a link to an old research article but I would argue that it still rings true today. It talks about caring and professional caring in nursing. These competencies and caring aspects outlined in the article can directly relate to diversity and inclusion.

So the question is: what is driving this lack of professional caring which can be directly related to both simply filling out a survey as well as showing competence in diversity and inclusion? Education will be key to moving forward.

The article she refers to entitled “Caring and Uncaring Encounters in Nursing and Health Care – Developing a Theory” outlines the following:

“In the theory there are five aspects of caring that are seen as essential aspects of professional caring: being open to and perceptive of others…; being genuinely concerned… for a person; being morally responsible - e.g. being respectful of self and others; being truly present … which means attentiveness to the present moment - being present in a dialogue, in listening and responding, and being present in a situation, physically and emotionally; and finally, being dedicated and having the courage to be appropriately involved…” (Halld6rsd6ttir, 1996)

I would argue that as outlined above, these points should be utilized in a definition of ally-ship, or how to be a good ally within the D&I context.

Upon further research for resources in how to plan education/training and provide other resources to our staff, the RNAO (Registered Nurses’ Association of Ontario) has a list of recommendations/best practice Guidelines for “Embracing Cultural Diversity in Health Care” that will be valuable in the delivery of Self-Awareness, Communications and New Learnings for all staff, not just clinical. (Ontario, 2007)

OUTCOME AND NEXT STEPS

One of the most interesting pieces to come out of the survey answers that were received was feedback around continuing to foster good communication lines with staff/management and between staff members through the use of "Self-Reflection Surveys" as named by one respondent. What this has done is open the door for the IAT.

At the last staff meeting on February 21, 2019 just prior to the completion of this project, the results/themes of the surveys were presented. Those present were in agreement that these overall themes were valued and that further training and surveys should be pursued.

By way of introduction to the concept of furthering our self-awareness reflection, the IAT was introduced. Staff were provided with general information on what the IAT is and what it can tell us. The link to the test and background information is to be provided the week of February 25th, and staff has been encouraged to do the test for themselves. Next month's staff meeting will include discussion on what people felt about the test and what they thought and learned, with no expectation of having to share their personal results. The hope is this will open the door for opportunity on mindfulness/perspective discussions and future training opportunities by third-party presenters/facilitators.

If nothing else, this process has clarified for me that there is much more work for us to do as an organization before we are able to formulate a D&I strategy. As Caroline Chan, my colleague in our Fellowship program says in her blog How to Create a Diversity and Inclusion Strategy at Your Small Non-profit – Part 1: "Is there organizational readiness? Having great ideas only gets you halfway there. Before you make that pitch, take stock of where the organization is. Are there signs that leaders and colleagues would be open to D&I and already know why it's needed? Have efforts already been made to address issues of inclusion in your programs? You need to know that others already get the basic concept of systemic and organizational bias and are ready to take the next step." (Chan, 2019)

As we further our self-reflection on unconscious bias we will each be challenged to start from where we are. These are big concepts and uncomfortable but necessary conversations. Together we will continue to explore the issues of inclusion and need for diversity within our organization, so that together we can take the next step.

Respectfully Submitted by:
Janet Fairbridge
Association of Fundraising Professionals

2018-19 Fellow