

WIN 1 - Building a Business Case

Building a Business Case for Hiring and Integrating IEHPs

Jane Hastie:

No-one really likes to call healthcare a business, but it is, and I think fundamentally we have to always keep diversity a part of our framework—in all our decision-making, in our recruitment. It has to be at the forefront of our thinking.

Shamena Maharaj:

And we do want to attract the best. And when they come here, we want our staff to be able to grow their career, and to achieve excellence here.

Waheeda Rahman:

People are migrating from all over the world. And it really is incumbent on us to actually take those skills and knowledge and experiences that we have from those individuals and be able to see: can it be applied here? What are some of the great and innovative ideas happening in other parts of the world that we might not even be aware of? And then how can we utilize that to create a more effective and efficient healthcare system?

Lionel Laroche:

I find that, for many organizations, thinking through what you are trying to get out of diversity is something that has not been done to a significant extent. There is plenty of benefits that people may not have looked into or they're not—they may not be realistic as to what can and cannot be achieved—I mean in what time frame.

Daniela Beckford:

So I think right now when you look at our communities, you see the diversity of the population. Well, this population eventually will come at your door in hospital as patients. If you want to maintain the patient safety, be a patient-centred-focus type of healthcare organization, you want to drive the diversity in the workforce as well.

Rhonda Lewis:

Diversity is very important for us because it is all about inclusiveness and acceptance. It is about creating an atmosphere where not only staff but patients also feel respected, feel valued, and feel that they have the same opportunities as others.

Gurwinder Gill:

A person's diversity can impact the outcome, the experience of the individual as well as for the system, in many ways.

Waheeda Rahman:

The evidence-based research demonstrates that patients feel more comfortable—when they're at their most vulnerable—with someone that is of similar background to them.

Gurwinder Gill:

For example, from a language perspective, if a patient doesn't speak the same language as the healthcare provider, it can impact the visits or repeat visits to the emergency department; it can impact length of stay in the hospital; it can impact post-discharge instructions on self-care. Patients not only come to hospitals because of the clinical needs. They also have non-clinical needs. Maybe it's their faith; maybe it's their religion; maybe it's their lifestyle. Maybe it's food; maybe it's how they perceive palliative care. What is the staff or the surgeon or the physician supposed to do, required to do, from a moral, ethical, and legal perspective—what he or she needs to know and be aware of? Otherwise it can be a negative outcome, and a negative experience, for the individual and for the system.

Lionel Laroche:

What's important is both sides need to understand what's expected from the other. Somebody born and raised in Canada servicing immigrant patients—I need to understand what they're expecting. But as an IEHP I need to understand what Canadian-born and -raised patients expect, because I'm—they're still the majority no matter where I go; and I will have to service them as well. And what's important is to realize that they will not judge me on my technical knowledge. They will judge me on how well I worked with them. So it's on my patient counselling skills, if I'm a pharmacist; my bedside manners if I'm a nurse, you know, all—chair-side manner if I'm a dentist. I mean, it's like—it will be based on my soft skills, fundamentally. If

you don't make an effort to make sure that you are truly getting a range of candidates that reflects the diversity of the population you service, and that you evaluate them in an equitable manner, then you could end up in the situation where it's going to take you a lot longer to—to catch up to the diversity of the population.

In the rural areas, the biggest driver there becomes just having someone to service these patients.

Jane Hastie:

We have a wealth of opportunity within our diverse communities that are coming here—why not engage in processes that bring them to our rural communities?

Waheeda Rahman:

That—it's really important that the healthcare system takes a macro-level approach. We know that we are increasingly living in a country in which we have an aging population. We also know that chronic diseases of multiple core morbidities like diabetes, blood pressure, or heart disease are increasing in our population because of our lifestyle. And so we really need all hands on deck, and we need the best and the brightest. And how wonderful is it to actually have IEHPs in our midst?

Lionel Laroche:

You want to hire the best person for the job, wherever they come from. And statistically, at this point, you're going to have a significant number of IEHPs.

Shamena Maharaj:

In creating an environment where we attract internationally-educated health professionals, it really gives us another opportunity to leverage the skills that they bring to us.

Lionel Laroche:

Diversity is an advantage in situations where you're looking long-term, and creativity is a critical factor of success for the organization. One of the big mechanisms by which diversity brings creativity and innovation is bringing these ideas from different countries that were created in different languages, and which tend to be—because of the language—isolated from one another.

Jane Hastie:

The differences in technology, the differences in research that is being done elsewhere is essential to our own growth and opportunity for development.

Waheeda Rahman:

It's beyond a social accountability. It's, really, it makes good business sense. And at the end of the day, I think it will increase efficiency in the healthcare system, and effectiveness. For private sector industries, it will lead to, I believe, increased sales and better client experiences.

Jane Hastie:

To make that successful there has to be an integration program in place. When we don't formulate integration well, the society becomes distressed because disparities come up. Harassment comes up. People are declined opportunities. And that is because it's not successfully been integrated. So these are imperatives for us. How could we not want to have these new attributes coming to us? They build capacity in our organization. They build greatness in our organization.