

WIN 6.1 - Creating a Positive Work Environment

Lesson 3 - Implementation

Waheeda Rahman, The Scarborough Hospital:

We have a hospital vision of serving a global community. And what we've done here at the hospital is ensured that it was embedded in our strategic plan.

Gurwinder Gill, William Osler Health System:

So for organizations just starting the journey, I'll share a couple of things with you. And one is that, based on my experience from when I first started in this kind of work, how overwhelmed I felt; how—I didn't know where to start; I didn't know what to do. I did a couple of things that helped me. One of them was to find out what others are doing, both nationally and internationally, when it comes to working with, for example, internationally-trained professionals, when it comes to working with newcomers who are on staff in the organization. There are many frameworks and standards and practices that are out there. The US has some great ones; Europe has some great ones; Australia has some really good ones; Canada has some great ones. So I think I spent at least a couple of years, if not more, and I told you this, but at least a couple of years—quite a bit of time during those first two years in terms of finding out what's out there; what are some of the practices; what are some of the learning.

Daniela Beckford, Hamilton Health Sciences:

We started because of a need to—to help and support these internationally-educated nurses that were coming, and on a need for the managers to understand what their role should be in supporting that.

Shamena Maharaj, Sunnybrook Health Sciences Centre:

We created a committee, and that committee specifically focused on how do we integrate internationally-educated professionals; how do we attract them; how do we integrate them into Sunnybrook culture; and what support do we provide these individuals.

Daniela Beckford, Hamilton Health Sciences:

We started by employing a method of doing some focus groups with the IENs themselves, and the ESL participants; with some supporters—informal mentors (we call them clinical integrators); and also focus groups for the clinical managers. And just by working together we developed a model, which is called Community Collaboration Employment Model, that kind of bridges the gap for the integration of these people—IEN and ESL.

Waheeda Rahman, The Scarborough Hospital:

In our strategic plan that we had between 2009 to 2015 it was very much focused on creating a framework, a diversity and equity plan; doing extensive community outreach that's reflective of the diversity of our patient population. And now with our new strategic plan that's 2015 to 2019 we've taken a deeper step forward as we look at—at health equity—what are the health disparities among our patient population and how do we address that. And how do we look at our staff population and harness the potential of our staff population.

Jane Hastie, Hamilton Health Sciences:

One of the things is doing a demographic survey of our organization. I think it's important to know who we are. So we are moving towards that; that's something that will be happening in the near future.

Waheeda Rahman, The Scarborough Hospital:

This year in 2016 we conducted a staff demographic survey as part of our employee engagement survey. And we did it part and parcel so that we wanted staff to know that this was not seen as something separate, and a separate entity—that their engagement and their opinions are important, and it also is important for them to self-identify and participate in a diversity survey concurrently. And what we found was that our staff population is actually quite reflective of the Scarborough population that we serve. And what we're now doing is taking a look at the data to say, "Okay; now that we now know that we have a number of IEHPs, what kinds of programs do we need to develop to further deepen their inclusiveness and equity within the organization." We looked at the data around, say, sexual orientation, and the reality is that people are not coming with a one-dimensional identity. I am not just an IEHP; I'm an IEHP that might be of a specific ethnocultural background, religious background, sexual orientation; and so it's not easy to unpack. And so creating an inclusive workplace is not just looking at you from a singular lens that "I am an IEHP"; it's looking at you as a whole

person with all of the dimensions of your identity that you're bringing to the workplace. And so really this is a great opportunity to be an advocate for every organization to do a diversity survey, and really then say, "Okay, well who is not represented here? Who is not working within our doors and why are they not here? And what is it we need to do to attract and retain those individuals?"

Gurwinder Gill, William Osler Health System:

Research. We've just developed this in the last couple of years in terms of having studies in place that focus on, for example, when somebody doesn't speak the same language as the healthcare professional, what are the outcomes and the impacts? Having that research - having that evidence really hits the messages home to people.

Dr. Umberin Najeeb, Sunnybrook Health Sciences Centre and University of Toronto:

There are a lot of existing resources and existing information which I think we can share.

Daniela Beckford, Hamilton Health Sciences:

Why try to reinvent the wheel when something is already created, and you can take it, pick it up, and go with it; and even adapt it to your organization.

Gurwinder Gill, William Osler Health System:

So we have a framework in place; we have a strategy in place. But it's not set in stone; it should never be set in stone. It changes, it evolves, it grows, it develops as new needs are identified.

Shamena Maharaj, Sunnybrook Health Sciences Centre:

Once that's in place I say, you know, definitely a steering committee and a working committee. And your working committee can also be individuals who are not part of your organization. I would suggest that it's co-led by Human Resources and an Operations lead. I honestly feel that if initiatives are not aligned and integrated, and aren't co-led with an inter-professional team it just becomes so much harder to really get the real essence of what you're trying to accomplish. And by doing that it allows for the change to take place, to see the change in behaviours, to see the change in results.

Waheeda Rahman, The Scarborough Hospital:

And I truly believe that what gets measured, gets done. And if it's not in your strategic plan, or your business plan for that matter, then it probably won't—it will fall at the wayside. So I would say that if you're looking at some ingredients I would say that you definitely need to look at a business plan or strat plan that really has a commitment, over a number of years, to support diversity, equity, and inclusion. Because you can't have a diverse staff population if people feel that there's not equity. And if there's not equity then there isn't inclusion.