Foreword

"Nursing, like a cappuccino – white on top, brown on the bottom –requires stirring up."

Stirring the Cappuccino: Toward Racial integration in Nursing

The above quotation bedecked the recent report to the Canadian Race Relations Foundation (CRRF) submitted by the Centre for Equity in Health and Society (CEHS) (Hagey et al. 2005). A cup of cappuccino being stirred serves up the opening image of the CEHS website (www.BeforEQuality.com) a play on words that announces "Be For Equality!" and "Make sure you have EQ or Emotional Quotient before working on Quality!"

This foreword touches upon six of the recommendations in the Participatory Action Research (PAR) report published by the CRRF entitled *Implementing accountability for equity and ending racial backlash in nursing.* The report argues that if the dismantling of institutionalized racism in research, education and practice is to occur, some form of accountability for racial discrimination, exclusion and segregation should be present in various domains: interpersonal encounters with co-workers and services with clients, as well as administrative policy and procedure including those of unions and professions and state mechanisms such as provincial and territorial human rights commissions and the Charter of Rights and Freedoms, and much needed employment equity legislation.

Using nursing as a retrospective case example, Jacobs in ***The Cappuccino Principle*** re-reads a survey, email tracking, and participatory observation notes from 142 staff nurses who were not divided into racialised and non-racialised informants. She uncovers a multitude of critiques by nurses who are acutely aware of power relations including those of race relations, a topic Jacobs had not actually itemized in her questionnaire circulated in a purposive sample in the hospitals the participants worked at across the GTA.

The findings in *Cappuccino Principle* dramatically resonate with those from the CEHS study that involved 200 racialised nurses and their supporters who exploited participatory action research to challenge policy and practices. The key finding by CEHS is the perception that practices are characterized by avoidance of accountability for equity and oblivion to the

apparent cultural rule uncovered during the research: in a racist society one does not necessarily have to hold oneself accountable to racialised people or agendas for racial equality. Moreover, CEHS found massive disagreement or conflict about what to do about this state of affairs.

In both studies and others done on the topic, racialised nurses reported being targeted and set-up to take extra work during nurse shortages and job transfers or job termination during job shortages following restructuring in Ontario healthcare, but were at a loss about what to do about this pattern. The pattern suggests the cappuccino principle serves a labour strategy of having compliant, silent, racialised nurses to hire whom you can lay off if you don't need them.

Recent years have seen a shift away from interest in race relations in favour of addressing the patterns of systemic or endemic racial disparities. As early as 1985 adverse or systemic effects of racism have been acknowledged in Canada, for example in a Supreme Court decision (OHRC v. Simpson-Sears 1985 (2 S.C.R. 536); see Black 2004). Beck, Reitz and Weiner (2002) have, however, lamented that the 1996 amendments to the Canadian Human Rights Act and federal Equal Employment Act have actually weakened accountability for systemic discrimination. In the same year Ontario's Equal Opportunity Plan rescinded the first provincial employment equity act in Canada, putting the onus on individuals, employers, unions, professional and other tribunals to address discrimination, with the result that enormous sums of health care dollars are being used to settle racial disputes out of view of the public eye with few accountability mechanisms in place to either prevent or de-escalate conflict (Hagey et al. 2005).

Although racial domination and disparities are manifestations of systemic racism, nurses both in Jacobs' and in the CEHS study tend to experience the problem of racism as a relational one, viewing accountability as a dimension of relationship. The generalized fear of backlash for broaching issues of racism acts as a deterrent to questioning and problem solving to restore substantive equality. Jacobs' analyses emphasize the dilemma that nurses experience in whether to speak up and face predictable negative consequences or to face equally predictable negative consequences by suffering in silence. She offers the strategy of organizing and advocating and her final chapter is a very practical primer on how to advocate.

Jacobs asks early on, "how do we construct the culture of collegiality?" She illuminates how conflict and collegiality play hand in hand in the responses to the economic and political pressures that organize nursing

work regulated by hand maidens who are the wives, mothers, daughters and friends of the white males who regulate the health care system and society. Hence, the cappuccino image helps to illustrate nursing's resistance to changing the whiteness at the top and the otherness in the lower echelons of nursing. Whiteness and otherness are cultural categories that mediate structured relations and determine privileges and disadvantages, (Hagey and MacKay 2000).

The recommendations in the CEHS report have helped to set the direction of CEHS as a research and advocacy organization that envisions expanding into anti-racism education and policy initiatives. The Ontario Human Rights Commission (OHRC), the Health Council of Canada (HCC), the Ontario Nurses Association, the Registered Nurses Association of Ontario, the Canadian Nurses Association, Ontario Ministries of Education, and of Colleges, Training and Universities, and of Health and Long Term Care, the Nursing Secretariat, the Joint Commission on Hospital Accreditation, the Canadian Association of Schools of Nursing, the provincial and territorial councils on nursing education programs, research funding bodies, hospital associations, regulatory and professional bodies, in-service orientation programs, faculty development programs and so on are subjects for lobbying initiatives. Many of these are discussed at length in the *Cappuccino Principle.*

Ongoing participatory action research and advocacy within CEHS by Aboriginal, migratory and other racialised nurses use strategies of lobbying, negotiation, supporting each other, demonstrating, requiring hearings to redress grievances and complaints concerning various of these offices.

The CEHS recommendations pertain to legislation as well as to political and administrative policy and education. They have implications for funding, research, change in political processes and reporting routes, continuous quality improvement technologies, curriculum, accreditation, dissemination of demographic data, development of best practices, registration mechanisms, composition of regulatory panels, and development of ethnoracial competencies. (See the glossary.)

Jacobs' model advises moving past the inter-personal domain of behaviour and the domain of organizational cultures to intervene in structures of the state and the administrative apparati that it oversees. Despite a healthy critique of technologies of work surveillance in her earlier work (see Visano 2006), Jacobs has assisted the CEHS network in asking that

equitability and accessibility be employed as elements of quality, i.e., as criteria for measures that can monitor and promote equity and support diversities in nursing work and health care with diverse populations.

The following is a brief elaboration upon the recommendations put forth by the partisan branches of the CEHS network to address the cappuccino principle in systemic disparities. That is, total consensus was not required to put forth a recommendation.

Recommendations by the CEHS seeking accountability for systemic disparities

1) The Health Council of Canada that emerged following the Romanow Commission was seen as a body that could introduce accountability mechanisms to monitor the costs associated with systemic racial disparities in health and health care and set guidelines for equity practices. The Romanow Report Recommendation 3.2 states that "*On an initial basis, the Health Council of Canada should establish benchmarks, collect information and report publicly on efforts to improve quality, access and outcomes in the health care system"* (Romanow 2002, p. 248).

<u>It is recommend that the Health Council of Canada</u>:

- Monitor the racial disparities in health and health care and require interventions to correct them
- Require process and outcomes reports on equity programs for health care workers and consumers
- Monitor the number of health care dollars spent on defending discriminatory practices and set mechanisms to ensure freedom from racial discrimination, harassment, set-up and backlash in organizations responsible for health.
- Promote equal access and participation in organizations responsible for health including the provision of interpreter services and removal of barriers for racialised people and invisible minorities.

2) The Ontario Human Rights Commission under section 29(g) of the Code can investigate situations when problems continue without numerical data collection and such data are required to be obtained by the commission who are competent to interpret such data. Nursing is seen as resisting research on racism. Nursing leaders (defined as top level managers) were seen as

lacking in diversity and not interested in understanding racialist phenomena or gaining competencies. Very few (N=2) attended any of the think tanks or other venues publicized for knowledge transfer during the PAR. Moreover, in a survey sponsored by the College of Nurses of Ontario, nurses were asked "would you like to participate in research in the future" and since a large proportion answered "no", research on nurses with the support of the College is now conveniently prohibited (CEHS diaries, July, 5, 2005).

It is recommended that the Ontario Human Rights Commission:

- Initiate an investigation into the systematic discrimination against racialised nurses as well as all designated groups protected under the code with respect to education and employment in the health care system. The investigation should take account of discrimination, harassment, and procedures for redressing grievances and complaints.

3) The Centre for Equity in Health and Society became incorporated during the PAR research; it is a coalition of nursing associations and community agencies with a vision for achieving equal access and participation in organizations responsible for health. Its mission is to promote policies and programs for accountability towards equal access and participation through research, advocacy, recognition, and leadership development. Participants felt that current leadership training for nurses is devoid of knowledge about anti-racism and therefore diversity in leadership is impeded as evidenced by the Statistics Canada 1991 Census showing that white nurses in Ontario have twice the chance of moving into management positions as their racialised counterparts (Nestel 2000). Participants also reported the lack of formal anti-racism curriculum in schools resulted in explicit racism from colleagues and supervisors during the SARS crisis. Participants belonging to unions reported the widespread problem of member-to-member racial disputes pertaining to discrimination, systemic racism and lack of ethnoracial competencies among nurses (Meeks 2003).

It is recommended that the Centre for Equity in Health and Society:

- Convene dialogues in nursing on the overt racism from patients, colleagues and supervisors experienced by nurses of Asian and Filipino descent during the outbreak of SARS and how to prevent

racist behaviours in future.

- Collaborate with unions that negotiate nurses' contracts to sponsor conferences that discuss innovations addressing member-to-member racial disputes.
- In partnership with university research units, evaluate curricula and develop and disseminate new knowledge on ethnoracial competencies and achieving diversity in leadership.
- Establish a leadership academy that holds training workshops for negotiating the implementation of anti-racism policy and practice in support of ethnoracial competencies.

4) The College of Nurses of Ontario was seen as lacking in diversity in its review panels and administration of programs making for poor representation of the diverse communities of clients and of nurses. (The mandate of the College is to protect Ontario patients receiving nursing care through the regulation of standards of practice.) The racialised and migratory nurses felt they were more vulnerable than others for being reported to the College and racialised managers felt they were more likely to be harassed by their superiors and those in their charge than other nurses are. As participants learned about cases where nurses had to defend themselves under charges by the College, they observed that the proceedings did not lend themselves well to accounting for the nature of racism or understanding the vulnerabilities of racialised nurses and patients. Although transformative justice is a relatively new accountability process, it is used successfully by the Urban Alliance on Race Relations (CEHS diaries, March 12, 2004). By convening discussions that bring out perceptions and concerns not admitted when strict legal rules of evidence are followed, for example, prohibiting the use of the word "racism", more meaningful, fair and learning-based proceedings may be possible (see Hagey et al. in Jacobs 2006).

<u>It is recommended that the College of Nurses of Ontario:</u>

- Introduce transformative justice proceedings to handle allegations where a racial dispute is evident between a client and a nurse.

5) The Canadian Association of Schools of Nursing accreditation arm is responsible for reviewing nursing school curricula and requiring changes to conform to standards. The criteria that schools must follow in preparing for review are undergoing change so now is an opportune time to introduce

antiracism principles and guidelines. Moreover, the Aboriginal Nurses Association of Canada with other bodies has recently completed a report recommending the inclusion of Aboriginal students, staff and faculty in nursing education and content pertaining to Aboriginal health in the curriculum (Author 2002).

It is recommended that the Canadian Association of Schools of Nursing:

- Require evidence of recruitment and strategies for retention of Aboriginal, racialised and non-visible minority faculty and students.
- Require evidence of anti-racism being practiced in the lived curriculum.
- Require evidence of ethnoracial competencies among faculty, staff and students.

6) Research funding bodies could play an important role in partnership with professional and regulatory bodies in facilitating comparative data on racialised and non-racialised nurses and clients and their experiences in the health care system. Moreover, they could encourage research and development of equity assurance tools as part of quality assurance performance review and assess the impact on perceptions of fairness and other indicators such as absenteeism, mental health and retention of staff and mortality and morbidity of patients. Statistics Canada in particular could make available data comparing occupational groups according to Aboriginal status, ethnicity, first language, visible minority identity and so on. As pointed out by the OHRC in its recent report, *Policy and Guidelines on Racism and Racial Discrimination: "It is a common misperception that the Code prohibits the collection and analysis of data identifying people based on race and other Code grounds. Many individuals, organizations and institutions mistakenly believe that collecting this data is automatically antithetical to human rights*" (Author 2005, p.44.). The OHRC study has a number of recommendations touching on this issue of collecting and analyzing data in order to monitor equality and promote equity. See also Author (2003). The CEHS urges all employers to study the 2005 OHRC document and appreciate how their organizations can be strengthened from the principles of fairness that both their clients and their employees will benefit from if they implement its guidelines.

The results of stirring?

At this writing, young professionals, many of them nurses are celebrating the apology given to families of those immigrants from China who paid an unfair Head Tax, not required for immigrants of European extraction. It was reported that women in the Chinese Canadian community have spent years of organizing to finally obtain the apology and some compensation (CEHS diaries: Wu 2006). The organizing that nurses, mostly women are undertaking to bring about accountability in the form of apologies and compensation for unfair treatment should not be underestimated.

At this writing, the central executive of the Ontario Nurses Association, the largest union that negotiates contracts for nurses, (45,000 strong) is in dispute with one of its locals (097) and the dispute is deemed to be racial by members of the local executive which have been under trusteeship by the central in order to manage conflict (Donkoh 2006). The *Cappuccino Principle* should be taken seriously, since overt racial conflicts can only become more frequent and more explosive in a society that denies the issues and ignores finding solutions to problems.

Nursing is a profession deemed as fundamental to society and is at a crossroads. Nurses can take the lead in promoting knowledge on racial conflict, pathways to equity and diversity in leadership and develop a working model for dismantling the ethnoracially-based segregation in our microcosm of society (Ornstein 2000). Conversely, we can continue with patterns of racial domination, marginalization, exclusion, 'problematization', containment, and other modes of unacknowledged conflict that are the hallmarks of the cappuccino principle that impedes the potential for collegiality among nurses who are asking for racial integration based on equality not on unequal assimilation**.** Other occupations and professions too, can learn from this polemical case study. Nursing can become attractive to new recruits when principles of social justice replace the cappuccino principle.

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References

Author. 2002. *Against the odds: Aboriginal nursing. National Task Force on Recruitment and Retention Strategies*. Ottawa: Health Canada.

Author. 2003. *Guidelines on collecting data on enumerated grounds under the Code*. Toronto: Queen's Printer: Ontario Human Rights Commission. www.ohrc.on.ca.

Author. 2005. *Policy and Guidelines on Racism and Racial Discrimination*. Toronto: Ontario Human rights Commission. www.ohrc.on.ca.

Black, B. 2004. "The human rights process and race discrimination complaints." Special issue on racial discrimination, racism and human rights. Canadian Diversity/ Diversite Canadienne. A publication of the *Association for Canadian Studies*. Vol. 3(3): 22-24. http://www.ohrc.on.ca.

Beck, J. H., Reitz, J. G., and Weiner, N. 2002. "Addressing Systemic Racial Discrimination in Employment: The Health Canada Case and Implications of Legislative Change." *Canadian Public Policy.* Vol. 28(3): 373-394. (March).

CEHS Diaries. 2004. Confidential archived diary entry, March 12, 2004. Diversity Health Practitioner's Network meeting.

CEHS Diaries. 2005. Confidential archived diary entry, July 5, 2005.

CEHS Diaries 2006. Historical archive June 26, 2006 re: Personal communication with Betty Wu, Public Health Nurse regarding the "apology committee" headed by Susan Eng and Amy Go who are asking for compensation to families whose members paid the head tax.

Donkah, S. 2006. "Nurses speak out." *Canada Extra*. May 25-31; Vol. 4(21): P1, p5.

Hagey, R. and MacKay, R. 2000. Qualitative research to identify racialist discourse towards equity in nursing curricula. *International Journal of Nursing Studies.* Vol. 37: 45-56.

Hagey, R., Jacobs, M., Turrittin, J., Lee, R., Purdy, M., Chandler, M., Cooper Brathwaite, A. and Das Gupta, T. 2005. "Implementing accountability for equity and ending racial backlash in nursing." Toronto: Canadian Race Relations Foundation. www.crr.ca.

Hagey, R., Lum, L., Turrittin, J., and MacKay, R. 2006. "How the profession of nursing can achieve ethnoracial safety through transformative justice." In M. Jacobs and S. Bosanac, Eds. *The Professionalization of work*. Whitby: de Sitter Publications pp. 144-164.

Meeks, D. 2003. *Deconstructing Romanow*. Concurrent session at the Canadian Race Relations Foundation Award of Excellence Symposium, entitled Racism: Breaking through the denial. March 28. Sheraton Hotel, Toronto, Ontario.

Nestel, S. 2000. "Proletarianization and Racilization: Constructing the Nursing Labour Force in Ontario." Toronto: Sociology and Equity Studies in Education, OISE/University of Toronto (unpublished).

Ornstein, M. 2000. "Ethnoracial inequality in Toronto: Analysis of the 1996 Census." Prepared for the Chief Administrator's Office of the City of Toronto.

Romanow, R. 2002. *Royal commission on the future of health care in Canada*: Final report. Ottawa: Health Canada.

Visano, L. 2006. Foreword: "Cultures of coercive credentialism." In M. Jacobs and S. Bosanac, Eds. *The Professionalization of work*. Whitby: de Sitter Publications, pp. xvii-xviii.

Websites

www.crr.ca
www.BeforeQuality.com

Glossary

Ethnoracial competencies: Skills manifested by healthy discourse practices (*e.g., advocacy, bridging, consensus building, negotiation to remove barriers, holding individuals and organizations accountable) that* integrate anti-racism principles and strategies in decisions and relationships. Can also refer to broad based people skills that transact equity pertaining to age, class, disability, gender, race, sexual diversity and so on (Meeks, 2003)