

Introduction

This book has two objectives. First, the research evaluates the environment that contributes to the culture of the nursing profession within which interactions occur and how these issues relate to collegiality, conflict, and social justice. The research also examines the use of resources within the work environment, and discusses how the redistribution of these resources relates to social and economic advantages, and disadvantages. Flowing from that discussion is an examination of how power structures involved in the distribution of occupational advantages impact on the way the system operates. This will illuminate some of the obstacles that racialised nurses face within the health care system (see Berhadl and Moore 2006). It will be made clear that the intersections of race and gender allow for double jeopardy to occur with regard to social and economic justice in the work environment. Thus, racialised women can be and are targeted because they are women, and also because of their minority status.

Secondly, I will examine collegiality at the staff nurse level, and discuss how this group—the largest group in a female dominated profession—behaves, and what action can be taken at the grassroots level. I rely on documented information on the nursing profession within the Ontario health care system, as well as the data collected specifically for this study. Canada is proud of its ethno-cultural diversity, and claims that it is one of the best countries in the world in which to live. Social and economic discrimination exists in Canada, however, and it is not a new topic for scholarly discourse. In his memoirs, Bromley Armstrong (2000) provides a picture of struggle against all types of racism and the public policies designed to alleviate the problem. In documenting his experience as a railway porter, and his life in general, Armstrong describes how political and civil society has changed since his arrival in Canada in 1947. His discussion focuses on overt and covert forms of racism in Canadian society, as well as on the importance of the federal government's enactment of the Canadian Multiculturalism Act in 1985.

Since organizations have developed policies on sexual harassment and racism to reduce and outlaw racist behaviours in the work environment, there has been some improvement. In spite of this, however, we notice that occupational structures, unions, and government systems are still very white at the top (see Porter 1965; Ornstein 2000). It is clear that the domi-

nant group feels a sense of ownership of top-level positions, and racialised and ethnic minority candidates see this acted out in a number of ways. They find themselves excluded from short-lists; their achievements are discounted, and their qualifications need to be superior to those of their white counterparts in order for them to carry weight.

Unspoken in this type of occupational racism is what is viewed as “essential knowledge” and professional activities that are usually Eurocentric. These standards are based on the yardstick of a few power brokers who create job postings, and who place their mentored white protégées into available jobs.

Work is a part of most of our lives, and success in this area makes a difference in how we succeed in society at large. The title of this book is suggestive of my intention: that being, to lead to greater understanding of social and economic justice within occupational structures. Specifically, the focus of the book is women’s work within the profession of nursing. The terms “professionalism” and “collegiality” are both positive aspects of many occupations, and are current concerns within the nursing profession. Yet, often, managers use them as strategies to discredit ‘the other’. I believe that using collegiality to highlight the contradictions within this occupational structure will provide a framework and an overview of structural, systemic racism, as well as other abuses that frontline workers experience.

My interest in collegiality arose out of discussions on professionalism among nursing leaders that occurred during the nineteen-nineties. When interviewing staff nurses, I learned, however, that racialised nurses were experiencing harassment, rather than collegiality from the administration, and from other nurses. Some racialised nurses who experienced racism within the professional structures and work environment filed a number of complaints at the Ontario Human Rights Commission (Papp 1994; Collins et al. 1999). These cases helped to establish that we can no longer state that the experience of racism is not systemic within nursing, and is occurring as isolated incidents.

Another study (Modibo 2004) demonstrated that hospital administrators made distinctions between Black, Brown, and White nurses. Modibo concludes that such categories appeared to be linked to another distinction: that is, country of origin, and ethnicity. He suggests that white managers and co-workers draw on ideological constructs (racialised, gendered, matriarchal, and patriarchal relations of the society) to support the systemic workplace segregation of Black nurses in Toronto’s health-care institutions (112).

INTRODUCTION

Apart from racism, my research demonstrates that staff nurses experienced verbal and physical abuse, sexism, bullying, as well as 'feeling' that management was passing down to them the cutbacks that were occurring within the hospital. They were angry, and complained about the hospital environment, the lack of respect for their roles from their peers, the physicians, and especially from nursing management. A major concern was the change in staff nurse/patient ratio, while management swelled its own ranks with new positions. At the same time, management blamed the government for lack of funding, while staff nurses viewed this as the pervasiveness of inequality within the work environment, and within the profession of nursing in general.

Staff nurses within the health care system are the largest group of frontline workers, yet they do not always fully exercise their power when injustice occurs. The contradictions inherent in their profession reflect the process described in policies, mission statements, and objectives, versus outcomes and practices.

When examining social justice, I discuss social and economic rights within occupational structures, as well as within a profession. Social justice is seen then, as not being about individual rights but focuses on fairness and equity for classes of people. Social, economic, and cultural rights were adopted by the UN in 1966 by General Assembly in resolution 2000A (XXI), and were also ratified by Canada. This includes the right to work (Article 6), and the right to just and favourable conditions of work (Article 7). The upholding of these rights, however, is left to a weak system within the occupational structure of nursing.

Affirmative action and equality have become an area of intense debate that is sparked by neo-conservative orthodoxy in Canada. During the Harris government, affirmative action laws in Ontario were abolished in accordance with that government's political platform. Viewing social justice as part of collegiality helps examine processes within an occupational structure. I also discuss how discrimination prevents the development of collegial relationships, and how this leads to negative outcomes. Such a focus is necessary to illuminate how standards are set using collegiality, which is part of professionalism, is used within an occupational structure, without dealing with injustices that exist.

Staff nurses are a class within the hierarchy of the nursing profession, and the marker of colour is also a way to keep a group subordinate and disadvantaged. Equality of opportunity within occupational structures and

within one's profession affects collegiality, professionalism, and the quality of life. Thus, the racial, social, and status hierarchy among nurses impacts on relationships in the work environment.

In order to understand the information provided by staff nurses about their work environment, I developed a model to examine staff nurse collegiality. Taken from Bess (1988), I use his three areas of structure, culture and behaviour. They are lenses through which I view the profession of nursing and collegiality. Differing from Bess, I focus on the structure of the profession as it helps us to understand the culture that produces the behaviour within the profession. Looking at behaviours only for answers will leave out the structural involvement within the work environment.

I have also examined a nursing leader's definition of collegiality to understand the interactions that occur among staff nurses (Styles 1982). In her attempt to explore professionalism and *professionhood* (p. 7), Styles provides the nurse with a list of collegial behaviours. Her argument is that the professionalism of nursing will be achieved only through the professionhood of its members. I contend that her view of collegiality does not adequately address the external and internal forces that contribute to the behaviours that occur among nurses. Further, she does not address the hierarchical structure within the profession, targeting behaviours, and the role of the staff nurse as it relates to her model of collegiality. As a starting point for this research, I do, however, discuss those items in Styles' work that make up collegial behaviours.

As stated earlier, nursing as a profession provides us with a case study where we can explore issues relating to occupational structures, women's work, as well as social justice and workplace abuse. The term "horizontal violence" (denoting hostility such as criticism, sabotage, undermining, infighting, scapegoating, and bickering, often propagated by nurses towards each other) is used here to describe dysfunctional nurse/nurse relationships.

It should be noted that racism within the profession and the workplace is another type of violence that takes place. Thus, institutionalized racism in nursing and the health care system cannot be ignored, as it is a question of social justice, and human rights; it is a form of racist oppression that usually gets lost in Canadian society.

The terms professional and collegial can be found in policies that govern the nursing profession. We see a complex relationship between organizational policy and organizational behaviours. While the stated

INTRODUCTION

objective of collegiality is about positive behaviours among nurses, voice must be given to the abuse, harassment, and racism that racialised nurses' experience within their work environment and their professional lives. Therefore, to understand nursing culture requires us to address an environment that includes issues of racism, and all other oppressions that lead to abuse and harassment, thus calling into question the claim that nursing is a caring profession.

In a given week, staff nurses interact with physicians, clergy, clinical nurse specialists, a nurse manager, a dietician, a psychologist, a social worker, a physiotherapist, a speech therapist, to name a few. In spite of their role, staff nurses are still on the low end of the decision-making ladder within their profession and in the hospital, and are not consulted when changes occur within the system. From the onset of this research, I knew that my "self" (Kirby and McKenna 1989, p. 20) was integral to the research and should not be discounted from it. Research from the margins is not research on people from the margins, but research by, for, and with them (p.28). Given my access to the environment and issue under investigation, I have decided to create knowledge rooted in the staff nurses' experiences, as well as my own experiences as a nurse manager.

This research began in 1994 and data collection continued until 2005. Using the snowball technique to involve subjects from over ten hospitals, a survey was designed to have input from staff nurses working in hospitals within Toronto. I viewed these nurses as the individuals who could interpret each other's interaction at work, and who would provide me with opinions about collegiality in their work environments. Interviews and focus groups provided the voices of yet another group of staff nurses who provided narrative experiences.

Information given on racism from one subject came in printed data from the individual's life story. The experiences, although personal, were given to me to share with others. This individual trusted that confidentiality would be maintained. She stated:

There is a lot of injustice going on and it needs to be told when talking about staff nurses. Just tell it like it is. I can't wait to see your work if you really write what we tell you. (Interview, February 1997)¹

Nursing internet list-serves provided a global context, as nurses' world wide 'talking' on the Internet brings a wider perspective. This was done in order to discover if the viewpoints provided by staff nurses in Toronto were similar or different to nurses working in other hospitals. Data was collected for four months seven days a week. This data was qualitative in nature and would assist in understanding the notion of collegiality among nurses in a global context.

The server, NURSENET provided a breakdown of the origin of the responses, listed by country. The majority of the participants were from North America, with the USA having 1,231 participants, and Canada coming in second with 367 participants. There were twenty-six other countries that participated in the discussion group.

The Organization of this Book

This book is organized into six chapters. Chapter one discusses dysfunctional nurse/nurse relationships; how privileged white women are oppressing other women especially racialised women, thereby denying them social justice. This chapter also discusses the positioning of racialised women within female dominated professions like nursing, and the fact that nursing research has mostly avoided dealing with this issue.

The "professional" nurse is discussed in this chapter in relationship to entry-level education, promotions, and workplace hierarchy. Included in this discussion is the make-up of the hospital community, and its effect on nursing culture. I address the work environment, professionalism, and collegiality with a focus on racism, and other abuses.

In chapter two I provide the reader with information on how the data was collected. I present the results of the research on the workings of the decision-making process, and the staff nurse role within the workplace hierarchy. I also explore 'the disconnect' between what the staff nurse group perceived as their role, and how the senior team of managers viewed the role of the staff nurse.

Chapter three speaks to the structures within the profession of nursing. The competing viewpoints of the four organizations, The College of Nurses of Ontario (CNO), the Ontario Hospital Association (OHA), the Registered Nurses Association of Ontario (RNAO) and the Ontario Nursing Association (ONA) occupy positions within the profession of nursing and can promote or block change that affects the staff nurse working within the

hospital. The concept of collegiality and, by association, the understanding of “nursing structure,” is central to understanding “the culture of nursing collegiality.”

The production of culture within the nursing profession is explored in Chapter four. I review how nurse leaders within the RNAO, the CNO, and those within university networks form an “old girls” club. I show how this network dominates the direction and the vision of nursing, and helps set the career path for nurses whom they mentor.

Reviewing the behaviours of staff nurses and their lack of participation in the professional structures, I look at how these behaviours undermine their position. I suggest that this lack of involvement provides nursing leaders participating in the professional structures an important dimension of power over them.

This chapter discusses that nursing culture produces both conflict and collegiality; it has within it the value of caring that provides nurses at the bedside a reason for what they view as important to their role within the health care system. Nursing culture can also be understood through examining notions of the ideal nurse, the professional nurse, job promotions, and abuse and racism within the profession. In this chapter, I look at the wider social implications when dealing with the issue of racism within nursing.

Chapter five discusses behaviours within the third conceptualization of collegiality. Behaviour at the staff nurse level is related to the structure of the profession, and the culture of the profession. When discussing the issue of collegiality, staff nurses saw the negative and positive behaviours as associated with women working with each other. Understanding interactions described by staff nurses helps in the understanding of collegial behaviours that are threatened by the reporting of errors, complaints about other nurses’ work habits, the rare encouraging of peers in risk-taking behaviour, and gossiping when other nurses have made errors. They also viewed helping and caring as important to staff nurses. Collegiality as Styles envisioned it, is not part of the everyday communication at the staff nurse level but is more in line with leadership values. In this chapter I look at how the largest group in nursing needs to come together—in the style of a silent majority—to challenge racism and abuse within the profession.

The final chapter is about how economic and social power is tied to understandings of collegiality, conflict behaviours, and inequality. Staff nurse groups in Canada can use advocacy to help “stir the cappuccino.” Issues of social justice, including the injustices that staff nurses experience

THE CAPPUCCINO PRINCIPLE

in the workplace and in the profession, must include analysis of inequities in promotions, in representations within their work environment, such as the Boards of ONA, RNAO and the CNO. As well, their voices need to be heard in government where health policy and changes in health delivery are made. Rather than going to the Human Rights Commission or the Courts, using advocacy, changes must first be made through the development of the 'self,' consciousness of the issues, and coming together as a group with an agenda for change.

The material² presented in this book hopes to focus the reader on the voices who provided insights and raises questions about a caring profession. The location of the staff nurse group within the health care system is like the location of women within society and affirmative action is needed for this group as well as racialised nurses within the profession. Empowering staff is more than words and those in power such as Members of Parliament, the Minister of Health, and the bureaucrats must address social justice issues that is currently part of the profession of nursing.

It is not those who are oppressed within the work environment who can change the system, the responsibility lies with the state, which has the power to makes the needed changes in occupational structures that disadvantage classes of workers. Staff nurses must, however, also come together as a group and have strategies to dissuade behaviours that would prevent a climate of collegiality from developing and encourage behaviours that make certain equity is part of the culture. It is through community interaction and advocacy that social relations can be addressed and changed.

Notes

- 1 Initials of participants are part of a system and not related to the individual.
- 2 Committees, organizational structures mentioned in this book may have disbanded or changed, however, they are used to present a picture of social and economic exclusion within the work environment.